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| → |
|-------------------------------|
| |
| |
| Chapter you are filing under: |
| ☑ Chapter 7 |
| ☐ Chapter 11 |
| ☐ Chapter 12 |
| ☐ Chapter 13 |
| · |
| |

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
MAR 23 2017

JEFFREY P. ALLSTEADT, CLERK

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Identify Yourself Part 1: About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 1. Your full name Write the name that is on your Marcellina N/A government-issued picture First name First name identification (for example, T your driver's license or passport). Middle name Middle name Abraham-Royster Bring your picture identification to your meeting Last name Last name with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you N/A have used in the last 8 First name First name years Middle name Include your married or Middle name maiden names. Last name Last name N/A First name First name Middle name Middle name Last name Last name 3. Only the last 4 digits of xxx - xx - 7 2 3 9your Social Security number or federal OR Individual Taxpayer 9 xx -- xx -_ Identification number (ITIN)

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| Deb | otor 1 Marcellina T . First Name Middle N | Abraham-Royster Last Name | And the second and the second are second as the second as | Case number (# known) | *************************************** |
|-----|--|--|--|---|--|
| | alipalista kalamakan kalamakan sarangan sarangan sarangan sarangan sarangan sarangan sarangan sarangan saranga | About Debtor 1: | t yak hin arusu 2000 aan arusu arusu (1886) ka | About Debtor 2 (Spouse Only in a Joint Co | ase): |
| | Any business names and Employer Identification Numbers (EIN) you have used in | f have not used any busi | ness names or EINs. | ☐ I have not used any business names or E | EINs. |
| | the last 8 years | Business name | | Business name | |
| | Include trade names and doing business as names | | | | |
| | donig business as tidines | Business name | | Business name | |
| | | EIN | Additional decided and analysis of the second secon | EIN | |
| | | EIN | | EIN | |
| 5. | Where you live | Projek er filolofor a filolofor disconsistant en variant en variant en value en filologisk en variant en varia | tik kasterinto etiluut viistaat viista kun kapa ete ejäälävä viikuvasilassa va kasterintoisessa vii | If Debtor 2 lives at a different address: | tis uphanis vai status jost sisses is sini |
| | | 444 W 100th St | | | |
| | | Number Street | THE RESERVE OF THE PARTY OF THE | Number Street | A.A.A.A. |
| | | | | | |
| | | Chicago City | IL 60628 State ZIP Cod | | IP Code |
| | | Cook | | | |
| | | County | | County | *************************************** |
| | | If your mailing address is c above, fill it in here. Note the any notices to you at this ma | at the court will send | If Debtor 2's mailing address is different fr yours, fill it in here. Note that the court will s any notices to this mailing address. | r om send |
| | | same | | | |
| | | Number Street | | Number Street | *************************************** |
| | | P.O. Box | | P.O. Box | |
| | | City | State ZIP Cod | le City State Z | IP Code |
| | Why you are choosing | Check one: | өө өөсөө байга баштан бөгөөлөө он бөгөөдөө бөгү байгары 100 нийг 130 годан Багарадагаран догоорог уудаагарааг | Check one: | Part 2 e Santa Assarba (Assarba e Assarba (Assarba e Assarba e Assarba e Assarba e Assarba e Assarba e Assarba |
| | this district to file for pankruptcy | Over the last 180 days be I have lived in this district other district. | fore filing this petition, longer than in any | Over the last 180 days before filing this pe I have lived in this district longer than in an other district. | tition, ny |
| | | ☐ I have another reason. Ex (See 28 U.S.C. § 1408.) | plain. | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | |
| | | | | | |
| | | *************************************** | | | ····· |
| | | *************************************** | | | |

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| De | btor 1 Marcellina T A First Name Middle Nam | brahan | n-Roys | ster | | Case number (# kr | nown) |
|-----|---|--|---|---|--|--|---|
| P | art 2: Tell the Court Abou | it Your B | ankrupt | cy Case | | | |
| 7. | The chapter of the Bankruptcy Code you | | | brief description of ea orm 2010)). Also, go to | | | U.S.C. § 342(b) for Individuals Filing ne appropriate box. |
| | are choosing to file under | ☑ Cha | oter 7 | | | | |
| | under | ☐ Cha | oter 11 | | | | |
| | | ☐ Cha | oter 12 | | | | |
| | | ☐ Cha | oter 13 | | | | |
| 8. | How you will pay the fee | local your subration with I need Apple I required By lates say a | court fo self, you nitting you a pre-pri ed to pay ication fo uest tha w, a jud- than 150 the fee ir | r more details about may pay with cash our payment on you inted address. y the fee in installing r Individuals to Payment my fee be waived ge may, but is not really of the official por | thow you m, cashier's cor behalf, you ments. If you ments d (You may equired to, werty line that ou choose the | ay pay. Typicall heck, or money ar attorney may pure choose this op fee in Installme request this optivaive your fee, at applies to you is option, you m | eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check office, sign and attach the ents (Official Form 103A). Identify the control of the control |
| 9. | Have you filed for bankruptcy within the last 8 years? | ☑ No ☐ Yes. | District _ | | When | MM / DD / YYYY | Case number |
| | | | District _ | | When | MM / DD / YYYY | Case number |
| | | | B1 | | 147 | MM / DD / YYYY | |
| | | | District _ | | When | MM / DD / YYYY | Case number |
| 10. | Are any bankruptcy | ☑ No | | | | | |
| | cases pending or being filed by a spouse who is | | Debtor _ | | | | Relationship to you |
| | not filing this case with you, or by a business partner, or by an affiliate? | | | | | | Case number, if known |
| | annate : | | Debtor _ | | | | Relationship to you |
| | | | District _ | | When | MM / DD / YYYY | Case number, if known |
| 11. | Do you rent your residence? | ☐ No. | Go to lin Has your residence No. 0 | r tandlord obtained an ee? Go to line 12. | eviction judgi | ment against you | and do you want to stay in your Against You (Form 101A) and file it with |

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| Marcellina T A First Name Middle Nam | | m-Royster Last Name | | Case num | nber (if known) | | |
|--|--------------------|--|--|--|--|---|--|
| art 3: Report About Any E | Business | es You Own as a So | le Propriet | or | | | |
| . Are you a sole proprietor | ☑ No. (| Go to Part 4. | | | | | |
| of any full- or part-time business? | Yes. | Name and location of bu | isiness | | | | |
| A sole proprietorship is a business you operate as an individual, and is not a | | Name of business, if any | | | | | *************************************** |
| separate legal entity such as a corporation, partnership, or LLC. | | Number Street | | | | *************************************** | |
| If you have more than one sole proprietorship, use a separate sheet and attach it | | | | | | | PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADM |
| to this petition. | | City | | \$ | tate 2 | ZIP Code | *************************************** |
| | | Check the appropriate b | ox to describe | e your business: | | | |
| | | Health Care Busines | ss (as defined | in 11 U.S.C. § 101 | 1(27A)) | | |
| | | ☐ Single Asset Real E | state (as defir | ned in 11 U.S.C. § | 101(51B)) | | |
| | | ☐ Stockbroker (as define | ned in 11 U.S | .C. § 101(53A)) | | | |
| | | Commodity Broker (a | as defined in | 11 U.S.C. § 101(6) |)) | | |
| | | ☐ None of the above | | | | | |
| Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small | most recany of the | appropriate deadlines. If cent balance sheet, staten nese documents do not e I am not filing under Cha | ment of opera xist, follow the apter 11. | itions, cash-flow sta e procedure in 11 U | atement, and J.S.C. § 111 | d federal ind 6(1)(B). | come tax return or if |
| business debtor, see 11 U.S.C. § 101(51D). | ☐ No. | . I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | | |
| | | I am filing under Chapter Bankruptcy Code. | r 11 and I am | a small business d | debtor accord | ding to the o | definition in the |
| art 4: Report if You Own | or Have | Any Hazardous Prop | erty or Any | Property That | Needs Im | mediate / | Attention |
| Do you own or have any | ☑ No | | | | | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? | ☐ Yes. | What is the hazard? | | | | | |
| Or do you own any property that needs immediate attention? | | If immediate attention is | s needed, wh | y is it needed? | | | |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | N.F. SHIRLEY CARP, ASP, ASP, ASP, ASP, ASP, ASP, ASP, AS | | | | |
| | | Where is the property? | Number | Street | | TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT | |
| | | | | *************************************** | ······································ | ***** | |
| | | | City | | ······································ | State | ZIP Code |

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Debtor 1

Marcellina T Abraham-Royster

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| l am | not re | quired | to | receiv | e a | briefing | abou |
|------|--------|---------|----|--------|-----|----------|------|
| | | nseling | | | | | |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances,

Disability. My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Del | btor 1 Marcellina T A First Name Middle Nam | Abraham-Royster Last Name | Case number (# kno | wn) | | | |
|-----------|---|--|---|--|--|--|--|
| Pa | ort 6: Answer These Ques | stions for Reporting Purpo | ses | | | | |
| 16. | What kind of debts do | | arily consumer debts? Consumer deb | | | | |
| | you have? | as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. | | | | | |
| | | | rily business debts? Business debts nvestment or through the operation of the | | | | |
| | | No. Go to line 16c. Yes. Go to line 17. | | | | | |
| | | 16c. State the type of debts yo | ou owe that are not consumer debts or bus | siness debts. | | | |
| 17. | Are you filing under Chapter 7? | ☐ No. I am not filing under C | Chapter 7. Go to line 18. | mental primarior con vitto an e unan vitt, eta espara una se en espara espara espara espara espara espara espa | | | |
| | Do you estimate that after any exempt property is | | oter 7. Do you estimate that after any exen ses are paid that funds will be available to | | | | |
| • | excluded and | ☑ No | | | | | |
| acae e va | administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ☐ Yes | | ereket kestallel (saansk) krasse kom i kilos sinkus en ekstellingsjoch kilos klippings krasse krasse krasse kom kan krasse krass | | | |
| 18. | How many creditors do you estimate that you | 2 1-49 | 1,000-5,000 | 25,001-50,000 | | | |
| | owe? | ☐ 50-99 ☐ 100-199 ☐ 200-999 | ☐ 5,001-10,000 ☐ 10,001-25,000 | 50,001-100,000 More than 100,000 | | | |
| 19. | How much do you | ☑ \$0-\$50,000 | \$1,000,001-\$10 million | \$500,000,001-\$1 billion | | | |
| | estimate your assets to be worth? | \$50,001-\$100,000 \$100,001-\$500,000 | \$10,000,001-\$50 million \$50,000,001-\$100 million | \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion | | | |
| 18500A-80 | ed kverkelstvore Jennes er mot kverkelstræme til bederkelstæmte en sit samlje av externe else er. | \$500,001-\$1 million | \$100,000,001-\$500 million | More than \$50 billion | | | |
| 20. | How much do you | \$0-\$50,000 | \$1,000,001-\$10 million | \$500,000,001-\$1 billion | | | |
| | estimate your liabilities to be? | \$50,001-\$100,000 \$100,001-\$500,000 | \$10,000,001-\$50 million \$50,000,001-\$100 million | \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion | | | |
| | | □ \$500,001-\$1 million | □ \$100,000,001-\$500 million | More than \$50 billion | | | |
| Ų. | rt 7A Sign Below | | | | | | |
| Fo | r you | I have examined this petition, a correct. | and I declare under penalty of perjury that | the information provided is true and | | | |
| | | | hapter 7, I am aware that I may proceed, in the I may proceed, in the III may proceed, in the III may proceed, in the III may proceed and III may | | | | |
| | | | nd I did not pay or agree to pay someone that and read the notice required by 11 U.S.C | | | | |
| | | I request relief in accordance v | vith the chapter of title 11, United States C | ode, specified in this petition. | | | |
| | | with a bankruptcy case can res | sult in fines up to \$250,000, or imprisonme | money or property by fraud in connection int for up to 20 years, or both. | | | |
| | | X/farullua Ub Signature of Debtor 1 | Raham-Royston X N/A Signature | e of Debtor 2 | | | |
| | | Executed on O3-23- | | | | | |

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| Debtor 1 | Marcellina T Abraham-Royster | | | Case number (# known) | |
|----------|------------------------------|-------------|-----------|-----------------------|--|
| | First Name | Middle Name | Lasl Name | | |

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| be familiar with any state exemption laws that apply. | n which your case is filed. You must also |
|--|--|
| Are you aware that filing for bankruptcy is a serious acticonsequences? | on with long-term financial and legal |
| ☐ No ☐ Yes | |
| Are you aware that bankruptcy fraud is a serious crime a inaccurate or incomplete, you could be fined or imprisor | |
| ☐ No ☑ Yes | |
| Did you pay or agree to pay someone who is not an atto | mey to help you fill out your bankruptcy forms? |
| Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Decl | aration and Signature (Official Form 110) |
| The state of the s | araban, and digitalist (Cilician Offin 173). |
| By signing here, I acknowledge that I understand the rist | ks involved in filing without an attorney. I |
| have read and understood this notice, and I am aware the attorney may cause me to lose my rights or property if I | nat filing a bankruptcy case without an do not properly handle the case. |
| | |
| Mercellina J. ahraham-Royston X | N/A |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date <u>03-23-20//</u> MM / DD / YYYY | Date MM / DD / YYYY |
| Contact phone (773) 263-4927 | Contact phone |
| Cell phone (773) 263-4927 | Cell phone |
| Email address marcieroyster1@gmail.com | Email address |

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| Fill in this in | formation to ide | entify your case: | | |
|---------------------|------------------|-------------------------------|-----------|--|
| Debtor 1 | Marcellina T | Abraham-Royster | | |
| • | First Name | Middle Name | Last Name | |
| Debtor 2 | N/A | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States I | | r the: Northern District of I | llinois | |
| | (If known) | | | |

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: Summarize Your Assets | |
|--|--------------------------------------|
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) | |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ 10,082.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ 10,082.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | . \$10,221.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$5,196.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$27,268.00 |
| Your total liabilities | \$42,685.00 |
| Part 6: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$1,162.24 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | . \$2,030.00 |

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| | Doddment 1 ago o or | | |
|------------------------|---|---|------------|
| Debtor 1 | Marcellina T Abraham-Royster First Name Middle Name Last Name | se number (if known) | |
| | | | |
| Part 4: | Answer These Questions for Administrative and Statistical Records | | |
| 6 Are vo | ou filing for bankruptcy under Chapters 7, 11, or 13? | | |
| • | | orm to the court with your other | erhadulas |
| ☑ No | You have nothing to report on this part of the form. Check this box and submit this forms. | office the court wat your outer | screques. |
| 7. What i | kind of debt do you have? | | |
| You far | our debts are primarily consumer debts. Consumer debts are those "incurred by an mily, or household purpose." 11 U.S.C. § 101(8), Fill out lines 8-9g for statistical purpo | individual primarily for a persoses. 28 U.S.C. § 159. | nai, |
| | our debts are not primarily consumer debts. You have nothing to report on this par s form to the court with your other schedules. | t of the form. Check this box an | d submit |
| 8. From Form | the Statement of Your Current Monthly Income: Copy your total current monthly in 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | come from Official | \$1,326.00 |
| 9. Copy | the following special categories of claims from Part 4, line 6 of Schedule E/F: | Total claim | |
| From | n Part 4 on <i>Schedule E/F</i> , copy the following: | e Pervisit September 1980 (1997) Pervisit September 1990 (1997) | |
| 9a. Do | omestic support obligations (Copy line 6a.) | \$0.00 | |
| 9b. Ta | axes and certain other debts you owe the government. (Copy line 6b.) | \$5,196.00 | |
| 9c. Cl | aims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | |
| 9d. St | rudent loans. (Copy line 6f.) | \$0.00 | |
| | bligations arising out of a separation agreement or divorce that you did not report as iority claims. (Copy line 6g.) | \$0.00 | |

0.00

5,196.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

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| Debtor 1 | Marcellina T Abraham-Royster | | | |
|--------------------|------------------------------|--------------------------------|-----------|--|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | N/A | | | |
| Spouse, if filing) | First Name | Middle Name | Last Name | |
| Jnited States | Bankruptcy Court fo | r the: Northern District of II | linois | |

☐ Check if this is an amended filing

Official Form 106A/B

1.

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Part 1:

| Yes. Where is the property? Street address, if available, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured of the amount of any secure Creditors Who Have Clair | d claims on Schedule D. |
|---|--|---|---|
| | Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare | Current value of the entire property? \$ Describe the nature of the control of the contro | portion you own? |
| City State ZIP Code | ☐ Other Who has an interest in the property? Check one. ☐ Debtor 1 only | interest (such as fee the entireties, or a life | simple, tenancy by |
| County | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is co | mmunity property |
| | | | |
| u own or have more than one. list here: | Other information you wish to add about this it property identification number: | em, such as local | |
| own or have more than one, list here: Street address, if available, or other description | Other information you wish to add about this it property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building | | ims or exemptions. Put dictaims on Schedule D. |
| | Other information you wish to add about this it property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Do not deduct secured cla | d claims on Schedule D: ns Secured by Property. |
| | Other information you wish to add about this it property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative | Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ | ims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ f your ownership simple, tenancy by |
| Street address, if available, or other description | Other information you wish to add about this it property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. | Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ | ims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ f your ownership simple, tenancy by |
| Street address, if available, or other description | Other information you wish to add about this it property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ | aims or exemptions. Put d claims on Schedule D: as Secured by Property. Current value of the portion you own? \$ If your ownership simple, tenancy by a estate), if known. |

Document Page 11 of 63 Marcellina T Abraham-Royster Debtor 1 Case number (if known) First Name Middle Name What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home 1.3. Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative Current value of the Current value of the entire property? portion you own? Manufactured or mobile home Land ☐ Investment property Describe the nature of your ownership City ZIP Code Timeshare State interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No ☑ Yes Ford Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.1. the amount of any secured claims on Schedule D: Mustang Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2007 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only 76293 entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 4.458.00 4,458.00 Check if this is community property (see fair condition instructions) If you own or have more than one, describe here:

| 3.2. | Make: | | Who has an interest in the property? Check one. | Do not deduct secured cla | |
|------|---|---|--|--|----------------------|
| | Model: | | Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: | *************************************** | Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | | | | |
| | , | 7 | ☐ Check if this is community property (see instructions) | \$ | \$ |

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Marcellina T Abraham-Royster Debtor 1 Case number (if known) First Name Middle Name Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.3 the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. 34 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories **2** No ☐ Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 4.1. the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Check if this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

4,458.00

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Debtor 1

Part 3:

Marcellina T Abraham-Royster First Name

Middle Name

Describe Your Personal and Household Items

Case number (if known)___

| Do | o you own or have any l | egal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secure or exemptions. | d claims |
|-----|--|---|--|----------|
| 6. | Household goods and | furnishings | | |
| | Examples: Major appliar | nces, furniture, linens, china, kitchenware | | |
| | ☐ No | | | |
| | | beds, dressers, table/chairs, dishes, iron, rugs, blender, sofa food, end table, lamps, sewing machine, microwave all items at used value | \$4 | 65.00 |
| 7. | Electronics | | | |
| | collections; e | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games | | |
| | No Yes. Describe | tv's, cell phone, all items at pawn shop prices used | s <u> </u> | 75.00 |
| 8. | Collectibles of value | | _1 | |
| | Examples: Antiques and | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles | | |
| | Yes. Describe | family pictures(no cash value) bible, school books, all items valued at used book store prices | \$ <u> 1</u> | 65.00 |
| 9. | Equipment for sports a | nd hobbies | | |
| | and kayaks; | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments | | |
| | ₩ No | | | |
| | Yes. Describe | | \$ | |
| | Fl | | | |
| ſŲ. | Firearms Examples: Pistols, rifles, ✓ No | shotguns, ammunition, and related equipment | | |
| | Yes. Describe | | \$ | |
| 11, | | hes, furs, leather coats, designer wear, shoes, accessories | | |
| | No Yes. Describe | normal wearing apparel at used store prices | \$3 | 62.00 |
| 12. | Jewelry | | ļ | |
| | gold, silver | elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | | |
| | No Yes. Describe | watch, earrings and costume jewelry at pawn shop value | \$ | 90.00 |
| 13. | Non-farm animals | | | |
| | Examples: Dogs, cats, bi | rds, horses | | |
| | Yes. Describe | | \$ | |
| | | household items you did not aiready list, including any health aids you did not list | | |
| | ✓ No ✓ Yes. Give specific information, | | \$ | |
| · F | | | | |
| | | all of your entries from Part 3, including any entries for pages you have attached mber here | \$1,25 | 57.00 |

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Debtor 1

Marcellina T Abraham-Royster First Name

Describe Your Financial Assets

Middle Name

Case number (# known)_

| Do you own or have any | legal or equitable interest in | any of the following? | Current value of the portion you own? Do not deduct secured claim or exemptions. |
|---|--|---|---|
| 16. Cash <i>Examples:</i> Money you | have in your wallet, in your hor | ne, in a safe deposit box, and on hand when you file your petition | |
| ☐ No | | | |
| 2 Yes | | Cash: | \$31.00 |
| and other s | savings, or other financial accou imilar institutions. If you have m | unts; certificates of deposit; shares in credit unions, brokerage hou ultiple accounts with the same institution, list each. | ises, |
| ☐ No ☐ Yes | | Institution name: | |
| | 17.1. Checking account: | Bank Of America #2363 | \$60.00 |
| | 17.2. Checking account: | | \$ |
| | 17.3. Savings account: | | \$ |
| | 17.4. Savings account: | | \$ |
| | 17.5. Certificates of deposit: | | \$ |
| | 17.6. Other financial account: | | |
| | 17.7. Other financial account: | | —————————————————————————————————————— |
| | 17.8. Other financial account: | | <u> </u> |
| | 17.9. Other financial account: | | <u> </u> |
| | 11.3. Other interioral account. | | \$ |
| 18. Bonds, mutual funds, Examples: Bond funds, No Yes | • | erage firms, money market accounts | \$\$ |
| | | | <u> </u> |
| an LLC, partnership, a | and joint venture | rated and unincorporated businesses, including an interest in | 1 |
| ✓ No✓ Yes. Give specific | Name of entity: | % of ownership: 0% % | |
| information about | * | ^\ | \$ |
| them | | /\0/. | \$ |
| | reference and the second secon | U /0 % | \$ |

Debtor 1

| 6.4 Jay | ** A | Docui | ment | Page 15 of 63 |
|--------------|-------------|-----------|------|--|
| Marcellina 7 | | | | Case number (if known) |
| First Name | Middle Name | Last Name | | ************************************** |

| rest | | | |
|--|--|---|--------------------------------------|
| ☑ No☑ Yes. Give specific | Issuer name: | | |
| information about | idddi figilio. | | |
| them | | | \$ |
| | | | \$ |
| | | | \$ |
| Retirement or pension | accounts | | |
| | | 01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| ☑ No | | | |
| Yes. List each | - | N 20 4 | |
| account separately. | Type of account: | Institution name: | |
| | 401(k) or similar plan: | | \$ |
| | Pension plan: | | \$ |
| | IRA: | | \$ |
| | Retirement account: | | |
| | | | \$ |
| | Keogh: | | \$ |
| | | | |
| | Additional account: | | \$ |
| Your share of all unused | Additional account: prepayments I deposits you have m | ade so that you may continue service or use from a company | \$ \$ |
| Your share of all unused Examples: Agreements companies, or others | Additional account: prepayments I deposits you have m | | |
| Your share of all unused Examples: Agreements companies, or others | Additional account: prepayments I deposits you have m with landlords, prepai | ade so that you may continue service or use from a company | |
| Your share of all unused Examples: Agreements companies, or others | Additional account: prepayments I deposits you have m with landlords, prepai | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | |
| Your share of all unused Examples: Agreements companies, or others | Additional account: prepayments I deposits you have me with landlords, prepair lins Electric: Gas: | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | |
| Your share of all unused Examples: Agreements companies, or others | Additional account: prepayments I deposits you have me with landlords, prepair Institute the second of the secon | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | |
| Your share of all unused Examples: Agreements companies, or others | Additional account: prepayments I deposits you have me with landlords, prepair Institute the second of the secon | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | \$\$ \$\$ |
| Your share of all unused Examples: Agreements companies, or others | Additional account: prepayments I deposits you have me with landlords, prepair Institute the second of the secon | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$\$ \$\$ |
| Your share of all unused Examples: Agreements companies, or others | Additional account: prepayments I deposits you have me with landlords, prepair lins Electric: Gas: Heating oil: Security deposit on ren | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$\$ \$\$ |
| Your share of all unused Examples: Agreements companies, or others | Additional account: prepayments I deposits you have me with landlords, prepair Institute the second of the secon | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$\$ \$\$ |
| Your share of all unused Examples: Agreements companies, or others | Additional account: prepayments I deposits you have me with landlords, prepair Institute the second of the secon | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$\$ \$\$ \$\$ \$\$ |
| Your share of all unused Examples: Agreements companies, or others No | Additional account: prepayments I deposits you have me with landlords, prepair Institute of the properties of the prop | tal unit: | \$\$ \$\$ \$ |
| Your share of all unused examples: Agreements companies, or others No | Additional account: prepayments I deposits you have method landlords, prepaided landlords. Electric: Gas: Heating oil: Security deposit on renter landlords. Prepaid rent: Telephone: Water: Rented furniture: | tal unit: | \$\$ \$\$ \$\$ \$\$ \$\$ |
| Your share of all unused Examples: Agreements companies, or others No Yes | Additional account: prepayments I deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other: | tal unit: | \$\$ \$\$ \$ |
| Your share of all unused Examples: Agreements companies, or others No Yes | Additional account: prepayments I deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other: | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$\$ \$\$ \$ |
| Examples: Agreements companies, or others No Yes | Additional account: prepayments I deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other: | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications ditution name or individual: tal unit: f money to you, either for life or for a number of years) | \$\$ \$\$ \$ |

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| Debtor 1 | Marcellina T Abraham-Ro |
|----------|-------------------------|
| | |

| Marcellina | | | _ | Case number (if known) |
|------------|-------------|-----------|---|------------------------|
| First Name | Middle Name | Last Name | | Oddo Harribol (# Wown) |

| 24. Interests in an education IRA, in | n an acco | unt in a qualified ABLE program, or u | nder a qualified state tuition program | |
|--|----------------------------|--|--|---|
| 26 U.S.C. §§ 530(b)(1), 529A(b), | and 529(t | o)(1). | | |
| □ v _{aa} | - 424 - 42 | | | |
| <u> </u> | stitution n | ame and description. Separately file the | records of any interests.11 U.S.C. § 521 | (c): |
| | | | | _ \$ |
| worker | | | | - \$ |
| ****** | | | | - \$ |
| 25. Trusts, equitable or future interespective exercisable for your benefit | ests in pr | operty (other than anything listed in li | ine 1), and rights or powers | |
| ☑ No | | | | |
| Yes. Give specific | | | | |
| information about them | | | | \$ |
| 26 Defents considetts to demand | | | | |
| Examples: Internet domain names | s, trade so s. website: | ecrets, and other intellectual property s, proceeds from royalties and licensing | agreements | |
| ☑ No | , | ., , , , , , , , , , , , , , , , , , , | 49.00011.0 | |
| ☐ Yes. Give specific | | | | |
| information about them | | | | \$ |
| 07 | | | | |
| Licenses, franchises, and other Examples: Building permits, exclu | | ntangibles ses, cooperative association holdings, liq | unt licenses professional licenses | |
| ☑ No | | and the state of t | por necrosos, professional necroses | |
| Yes. Give specific | | | | |
| information about them | | | | \$ |
| Mariante de la Maria de la Calendaria de l Calendaria de la Calendaria | | | | |
| Money or property owed to you? | | | | Current value of the |
| | | | | portion you own? Do not deduct secured |
| | | | | claims or exemptions. |
| 28. Tax refunds owed to you | | | | |
| No | ū | | | |
| Yes. Give specific information about them, including who | ether : | 2016 tax refund (EIC) | Federal: | \$4,276.00 |
| you already filed the return and the tax years. | ns | | State: | \$ |
| and the tax years | | | Locai: | \$ |
| | 5 | | | |
| 29. Family support | | | | |
| | alimony, s | pousal support, child support, maintenan | ice, divorce settlement, property settleme | ent |
| ☑ No | : | | ************************************** | |
| Yes. Give specific information. | | | Alimony: | œ |
| | | | Maintenance: | \$ |
| | | | Support: | \$ |
| | | | Divorce settlement: | \$ |
| | | | Property settlement: | \$ |
| 30. Other amounts someone owes y | i | | , , | - |
| Examples: Unpaid wages, disabilit | y insuranc | e payments, disability benefits, sick pay, | , vacation pay, workers' compensation. | |
| Social Security benefits | ; unpaid l | pans you made to someone else | | |
| No Civo en esitis information | | and design to the state of the | | , para sa |
| Yes. Give specific information | | | | s |
| | | | | · |

| Debtor 1 | Case 17-09218 Do | Document | Entered 03/23/17 13:08:58 Page 17 of 63 Case number (# known) | |
|--------------|--|--------------------------------|---|----------------------------|
| Exampl No | | ce; health savings account (HS | A); credit, homeowner's, or renter's insurance | |
| La Yes | . Name the insurance company of each policy and list its value | Company name: | Beneficiary: | Surrender or refund value: |
| | | | | \$ |
| | | | | \$ |
| | | | | |
| | | | | \$ |

| \$ | |
|--|---|
| If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No | |
| If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No | |
| | |
| | |
| Yes. Give specific information | |
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue | |
| ☑ No | |
| Yes. Describe each claim | |
| 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No | |
| Yes. Describe each claim. | |
| \$ssssss | *************************************** |
| 35.Any financial assets you did not already list | |
| ☑ No | |
| Yes. Give specific information | |
| | |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here | 4,367.00 |

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned **☑** No Yes. Describe...... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices **☑** No Yes. Describe......

| | Margallina | T Abraham-Royster | nt Page 18 of 63 | Description 1 |
|-------------------|--------------------------------|---|--|--|
| Debtor 1 | First Name | Middle Name Last Name | Case number (if known) | |
| | | | | |
| 40. Machine | ry, fixtures, ec | quipment, supplies you use in business, a | and tools of your trade | |
| ☑ No | | | | |
| | Describe | | | · · · · · · · · · · · · · · · · · · · |
| | | | | \$ |
| | | | | н сумо ра споция «) |
| 41. Inventory | | | | |
| ₩ No | Describe | | | · · · · · · · · · · · · · · · · · · · |
| Yes. | Describe | | × = | \$ |
| | | | | ······································ |
| | in partnership | ps or joint ventures | | |
| ₩ No | | | | |
| ∟ Yes. I | Describe | Name of entity: | % of ownership | ν. |
| | | 4 | % | \$ |
| | | | % | \$ |
| | | | % | \$ |
| | | | | |
| 43, Custome No | r lists, mailing | g lists, or other compilations | | |
| | On vour liete i | include personally identifiable information | n (on defined in dall E.C. C. 9.404/44.4)\B | |
| | ⊃ No | morade personally identifiable information | (as defined in 11 0.5.C. § 101(41A))? | |
| | Yes. Descri | ibe | | |
| · | | | | \$ |
| | | | A Maria and a supplication of the supplication | |
| 44. Any busii | ness-related p | property you did not already list | | |
| | Give specific | | | |
| | ation | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | • | | | Φ |
| | • | | | \$ |
| | - | | | \$ |
| 45. Add the c | lollar value of | f all of your entries from Part 5, including | any entries for pages you have attached | \$ 0.00 |
| for Part 5 | . Write that no | amber here | | • |
| | | | | |
| | | _ | | |
| Part 6: | Jescribe Any f vou own or h | y Farm- and Commercial Fishing-Rel have an interest in farmland, list it in Part | lated Property You Own or Have an Interest | t In. |
| | . you oun or 1 | nave an interest in lannand, list it in Part | 1. | |
| 46. Do you ov | vn or have an | y legal or equitable interest in any farm- o | Or commercial fishing-related property? | |
| | to Part 7. | , | or committee in the state of th | |
| 🔲 Yes. G | o to line 47. | | | |
| | | | | Current value of the |
| | | | | portion you own? |
| | | | | Do not deduct secured claims or exemptions. |
| 47. Farm anin | nals | | | or exemptions. |
| | Livestock, por | ultry, farm-raised fish | | |
| ☑ No | | | | |

☐ Yes.....

Case 17-09218 Doc 1 Filed 03/23/17 Entered 03/23/17 13:08:58 Desc Main Document Page 19 of 63 Marcellina T Abraham-Royster Debtor 1 Case number (if known) 48. Crops-either growing or harvested No ☐ Yes. Give specific information.... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed 2 No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ✓ No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **Ø** No ☐ Yes. Give specific information..... 0.00 Part 8: List the Totals of Each Part of this Form 0.00 55. Part 1: Total real estate, line 2 4,458.00 56. Part 2: Total vehicles, line 5 1,257.00 57. Part 3: Total personal and household items, line 15 4,367.00 58. Part 4: Total financial assets, line 36

59. Part 5: Total business-related property, line 45

61. Part 7: Total other property not listed, line 54

60. Part 6: Total farm- and fishing-related property, line 52

62. Total personal property. Add lines 56 through 61.

63. Total of all property on Schedule A/B. Add line 55 + line 62.

0.00

0.00

0.00

Copy personal property total >

10,082.00

10,082.00

10,082.00

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| Fill | in this in | formation to identify you | ır case: | | | | | | |
|-----------------------------------|---|---|--|---|--|--|--|---|--|
| Del | otor 1 | Marcellina T Abraha | m-Rovste | er | | | | | |
| | | First Name | Middle Name | Last Name | | | | | |
| | btor 2 ouse, if filing) | N/A First Name | Middle Name | Last Name | | | | | |
| Uni | ted States I | Bankruptcy Court for the: Nort | hern Distric | et of Minois | | | | | |
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| | se number (nown) | | | · | | | | L | Check if this is an amended filing |
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| Off | ficial F | orm 106C | | | | | | | |
| Sc | hed | ule C: The | Prop | erty You | ı Claim | as E | kempt | t | 04/16 |
| Using space | g the prope e is neede | and accurate as possible arty you listed on <i>Schedul</i> d, fill out and attach to this case number (if known). | e A/B: Prop | erty (Official Form 10 | 06A/B) as your so | ource, list the | property that | you claim as exe | mpt. If more |
| spec of an retire limits | ific dollar y applica ement fun s the exer | of property you claim as amount as exempt. Alte ble statutory limit. Some ds—may be unlimited in nption to a particular do ed to the applicable stat | ernatively, y e exemption i dollar ame llar amoun | you may claim the t ns—such as those ount, However, if yo t and the value of t | 'ull fair market v for health aids, i ou claim an exer | alue of the p rights to reco nption of 100 | roperty being eive certain b 0% of fair ma | g exempted up to enefits, and tax rket value unde | to the amount -exempt r a law that |
| | | entify the Property Y | | | | | | | |
| | You ai | of exemptions are you re claiming state and fede re claiming federal exemp- roperty you list on Sche- | ral nonbank tions. 11 U. | rruptcy exemptions. S.C. § 522(b)(2) | 11 U.S.C. § 522(I | 0)(3) | | | |
| | | | | | | mornadon b | GIVEE. | | |
| | Brief des Schedule | cription of the property ar | nd line on ty | Current value of the portion you own | Amount of t | ne exemption | you claim | Specific laws t | hat allow exemption |
| | | | | Copy the value from Schedule A/B | Check only o | ne box for eac | ch exemption. | | |
| | Brief | | tana | \$4,458.00 | <u></u> \$ 2,400 | 0.00 | | 735-5/12-10 | 01(c) |
| | descriptio Line from Schedule | 3.1 | | ¥ <u>1</u> | ☐ 100% of | fair market vi icable statuto | | unchasta. | |
| | Brief | | | 405.00 | | | | 735-5/12-10 | 01/b) |
| | descriptio | n: household goo | ds | \$465.00 | _ \$\frac{465.0}{2} | | | 100-0/12-10 | 01(0) |
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| | Brief descriptio | electronics | | <u>\$175.00</u> | \$ <u>175.0</u> | 00 | | 735-5/12-10 | 01/6) |
| | Line from Schedule | | | | | fair market va icable statuto | | | · (D) |
| (| (Subject to | laiming a homestead exe adjustment on 4/01/19 ar id you acquire the propert | nd every 3 y | ears after that for ca | ses filed on or af | | , | | |

No Yes

Document

Case 17-09218 Doc 1 Filed 03/23/17 Entered 03/23/17 13:08:58 Desc Main Page 21 of 63

Debtor 1

Marcellina T Abraham-Royster

Case number (if known)_

Part 2:

Additional Page

| Brief descript on Schedule | ion of the property and line A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--|--------------------------------------|---|---|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: Line from | bible, school books | \$165.00 | 100% of fair market value, up to | 735-5/12-1001(b) |
| Schedule A/B: Brief description: Line from | clothes | \$362.00 | any applicable statutory limit \$ 362.00 100% of fair market value, up to | 735-5/12-1001(a) |
| Schedule A/B: Brief description: Line from | jewelry | \$ 90.00 | any applicable statutory limit 90.00 100% of fair market value, up to | 735-5/12-1001(b) |
| Schedule A/B: Brief description: Line from Schedule A/B: | cash in wallet | \$ <u>31.00</u> | any applicable statutory limit \$\$ 31.00 100% of fair market value, up to any applicable statutory limit | 735-5/12-1001(b) |
| Brief description: Line from Schedule A/B: | Bank of America | \$60.00 | \$ 60.00 100% of fair market value, up to any applicable statutory limit | 735-5/12-1001(b) |
| Brief description: Line from Schedule A/B: | 2016 tax refund(EIC) 28 | \$4,276.00 | \$ 4,276.00 100% of fair market value, up to any applicable statutory limit | 735-5/12-1001(g)(1) 735-5/12-1001(b) |
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Case 17-09218 Doc 1 Filed 03/23/17 Entered 03/23/17 13:08:58 Desc Main Document Page 22 of 63

| Detail of Marcellina T Abraham-Royster Total | Fill in this information to identify your ca | CO : | | | |
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| Delitic 2 N/A Notes that Delitic 2 N/A Secured with property Secure 1 not be countried as a manufact of the country of | | | | | |
| United States Bankuptoy Court for the: Northern District of Illinois Case unumber If showing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information, if more space is needed, copy the Additional Page, Fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? 1. Do any creditors have claims secured by your property? 1. Do any creditors have claims secured by your property? 1. Do any creditors have claims secured by your property? 1. Do any creditors have claims secured by your property? 2. List All secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor supparately for each claim. If more than one emotitor has a particular claim, list the creditor supparately for each claim. If more than one emotitor has a particular claim, list the creditor supparately for each claim. If more than one emotitor has a particular claim, list the creditor supparately for each claim. If more than one emotitor has a particular claim, list the creditor supparately for each claim. If more than one emotitor has a particular claim, list the creditor supparately for each claim. If more than one emotitor has a particular claim, list the creditor supparately for exact claim. If more than one emotitor has a particular claim. It is not other eventions in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's have view for claims. 2. List all secured claims. If more than one emotitor has a particular claim is claim to the cate of claims. 3. 10,221.00 2. List all secured claims. 3. 10,221.00 2. List all secured claims. 3. 10,221.00 3. 4,458.00 § 5,763. 3. 10,221.00 3. 4,458.00 § 5,763. 3. 10,221.00 4. As of the date you | Debtor 2 N/A | Look Walle | | | |
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| At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 08/24/2016 Last 4 digits of account number 0 4 0 8 Describe the property that secures the claim: \$ \$ 0.00 Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only An agreement you made (such as mortgage or secured car loan) Debtor 1 and Debtor 2 only At least one of the debtors and another Disputed Statutory lien (such as tax lien, mechanic's lien) Undependent lien from a lawsuit Undependent lien from a lawsuit United in the debtor of the debtors and another Disputed Statutory lien (such as tax lien, mechanic's lien) Undependent lien from a lawsuit United in the debtor of the debtors and another Disputed | | | | | |
| Check if this claim relates to a community debt Date debt was incurred 08/24/2016 Last 4 digits of account number 0 4 0 8 2.22 Describe the property that secures the claim: \$ \$ 0.0 Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only An agreement you made (such as mortgage or secured car loan) Debtor 1 and Debtor 2 only At least one of the debtors and another Other (including a right to offset) Last 4 digits of account number 0 4 0 8 Last 4 digits of account number 0 4 0 8 Last 4 digits of account number 0 4 0 8 Last 4 digits of account number 0 4 0 8 Last 4 digits of account number 0 4 0 8 Last 4 digits of account number 0 4 0 8 Last 4 digits of account number 0 4 0 8 Last 4 digits of account number 0 4 0 8 Last 4 digits of account number 0 4 0 8 Last 4 digits of account number 0 4 0 8 Last 4 digits of account number 0 4 0 8 Last 4 digits of account number 0 4 0 8 Last 4 digits of account number 0 4 0 8 Last 4 digits of account number 0 8 L | Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only As of the debtors and another Nature of filen (such as tax lien, mechanic's lien) At least one of the debtors and another City Other (including a right to offset) Other (including a right to offset) | At least one of the debtors and another | * | | | |
| Date debt was incurred 08/24/2016 Last 4 digits of account number 0 4 0 8 Describe the property that secures the claim: \$ \$ 0.0 Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only Debtor 2 only An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | Check if this claim relates to a | Other (including a right to offset) | | | |
| Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Disputed Nature of lien. Check all that apply. Statutory lien (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | community debt | | | | |
| Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | Last 4 digits of account number U 4 U 8 | tinas (a protection) de la companya | | TT 1/1 TT 1/15 Feet Self State and Square on the grown on the |
| As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Street As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | Describe the property that secures the claim: | \$ | \$ | \$0.00 |
| As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | Creditor's tyaine | | | | |
| City State ZIP Code Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Other (including a right to offset) | Number Street | | | | |
| Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | | | | |
| Who owes the debt? Check one. Nature of lien. Check all that apply. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Other (including a right to offset) | | | | | |
| Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Statutory lien (such as tax lien, mechanic's lien) Uther (including a right to offset) | City State ZIP Code | | | | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Other (including a right to offset) An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Other (including a right to offset) | · | · · | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | , man | | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Under the debtors and another Other (including a right to offset) | | | | | |
| At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) | | | | | |
| Other (including a right to offset) | party. | | | | |
| | Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | community debt | | | | |
| Date debt was incurred Last 4 digits of account number | | | Printi diskullo dangan pagamentusin kasastan dan masa men | = dNoAlpaloh)efinefupe noone | |

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Debtor 1

Marcellina T Abraham-Royster

| Middle Name | Last Name | Case number (if known) | |
|-------------|-----------|------------------------|--|
| | | | |

| | rirst Name | Middle Name | Last Name | | (| 1 |
|---------|------------|------------------|-----------|----------------------------|---|---|
| Part 2: | List Other | s to Be Notified | for a De | bt That You Aiready Listed | | |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Honor Finance Corp. On which line in Part 1 did you enter the creditor? 2.1 Name Last 4 digits of account number 0 4 0 8 1731 Central St Number Street Evanston IL 60201 City State ZIP Code On which line in Part 1 did you enter the creditor? ___ Name Last 4 digits of account number ____ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number _____ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number 0 4 0 8 Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number ____ Number Street

City

ZIP Code

State

Case 17-09218 Doc 1 Filed 03/23/17 Entered 03/23/17 13:08:58 Desc Main Page 24 of 63 Document Fill in this information to identify your case: Marcellina T Abraham-Royster Debtor 1 N/A Debtor 2 First Name (Spouse, if filing) Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an amended filing (If known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount Dept of Ed/ Navient Last 4 digits of account number 0 1 3 0 \$ 4,252.00 \$ 4,252.00 \$ Priority Creditor's Name P O Box 9635 03/15/2013 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply Wilkes Barre 18873 Contingent ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? **Ø** No Other. Specify Yes ACS/ J P Morgan Chase 0.00 Last 4 digits of account number 7 8 0 7 0.00 0.00 Priority Creditor's Name 02/12/2008 When was the debt incurred? 501 Bleeker St Number As of the date you file, the claim is: Check all that apply Contingent Utica NY 13501 City Unliquidated State ZIP Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated

☑ No ☐ Yes

is the claim subject to offset?

Other, Specify notice only

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Debtor 1

Marcellina T Abraham-Royster

| First Name | Middle Name | Last Name | | |
|------------|--------------|----------------|-------------------|--|
| | | | Continuation Page | |
| Your PRIOR | RITY IInsecu | rad Claims — (| Continuation Page | |

| IL Student Assist. Comm/ ED South | Last 4 digits of account number 2 7 1 3 \$ 0.00 \$ 0.00 \$ |
|---|--|
| 1755 Lake Cook Rd | When was the debt incurred? 11/22/2010 |
| Number Street | As of the date you file, the claim is; Check all that apply. |
| Deerfield IL 60015 | ☐ Contingent |
| City State ZIP Code | ☐ Unliquidated☐ Disputed |
| Who incurred the debt? Check one. | □ Disputed |
| Debtor 1 only | Type of PRIORITY unsecured claim: |
| Debtor 2 only Debtor 1 and Debtor 2 only | Domestic support obligations |
| At least one of the debtors and another | Taxes and certain other debts you owe the government |
| Check if this claim is for a community debt | Claims for death or personal injury while you were intoxicated Other. Specify Notice only |
| Is the claim subject to offset? | Other, Specify Hotioc Offiy |
| Mo | |
| Yes | |
| IL Student Assist. Comm/ ED South | Last 4 digits of account number 2 7 1 3 \$ 0.00 \$ 0.00 \$ 0 |
| Priority Creditor's Name 1755 Lake Cook Rd | When was the debt incurred? 11/22/2010 |
| Number Street | As of the date you file, the claim is: Check all that apply. |
| Doorfield II COOAT | Contingent |
| Deerfield IL 60015 Dity State ZIP Code | Unliquidated |
| Allow Street, and the Late (O. O.) | ☐ Disputed |
| Who incurred the debt? Check one. Debtor 1 only | Type of PRIORITY unsecured claim: |
| Debtor 2 only | |
| Debtor 1 and Debtor 2 only | Domestic support obligations Taxes and certain other debts you owe the government |
| At least one of the debtors and another | Claims for death or personal injury while you were |
| Check if this claim is for a community debt | intoxicated Other. Specify notice only |
| s the claim subject to offset? | - |
| ☑ No | |
| Types Compressions of the control of | |
| Nelnet | Last 4 digits of account number 4 6 3 9 \$ 0.00 \$ 0.00 \$ 0 |
| Priority Creditor's Name 3015 Parker Rd Ste 400 | 0014010000 |
| Number Street | When was the debt incurred? U2/12/2008 |
| | As of the date you file, the claim is: Check all that apply. |
| Aurora CO 80201 | Contingent |
| City State ZIP Code | Unliquidated |
| Who incurred the debt? Check one. | ☐ Disputed |
| ☑ Debtor 1 only | Type of PRIORITY unsecured claim: |
| Debtor 2 only | Domestic support obligations |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Taxes and certain other debts you owe the government |
| Check if this claim is for a community debt | Claims for death or personal injury while you were intoxicated ************************************ |
| | Other. Specify notice only |

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Debtor 1

Marcellina T Abraham-Royster

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Case number (if known)

Part 1: Your PRIORITY Unsecured Claims - Continuation Page

| Nelnet | Last 4 digits of account number | 4 6 | 3 | 9 | \$ | 0.00 | \$ | 0.00 | \$ | 0 |
|---|---|---|--------------------|--|---------------------|---|----------------------------------|---------------------------|-----------------------|-------------|
| Priority Creditor's Name 3015 Parker Rd Ste 400 | | | | | - | | | | T | |
| Number Street | When was the debt incurred? | 02/12 | /200 | 8 | | | | | | |
| | As of the date you file, the claim | is: Chec | k all th | at apply | | | | | | |
| Aurora CO 80201 | ☐ Contingent | | | | | | | | | |
| City State ZIP Code | Unliquidated | | | | | | | | | |
| Who insured the state of | ☐ Disputed | | | | | | | | | |
| Who incurred the debt? Check one. | T CODIODITA | | | | | | | | | |
| ☑ Debtor 1 only ☐ Debtor 2 only | Type of PRIORITY unsecured of | laim: | | | | | | | | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | | | | | | | | | |
| At least one of the debtors and another | Taxes and certain other debts yo | u owe the | gove | rnment | | | | | | |
| | Claims for death or personal injur intoxicated | y while y | ou wer | e | | | | | | |
| Check if this claim is for a community debt | Other, Specify notice only | | | | | | | | | |
| Is the claim subject to offset? | | | | | | | | | | |
| ₩ No | | | | | | | | | | |
| Yes | | | | | | | | | | |
| the desired to recover a state time or represent the construction and the state of | રાષ્ટ્રમાં જિલ્લોએ જિલ્લોએના મહારા જેવા નાદા જ્યારા જિલ્લોએ જિલ્લોએ ના વાદ જીતના મહારાજી હતા. મહારાજી મહાના પણ | mana wan was na arabah dari | Si-haraner-veriven | eres esta esta esta esta esta esta esta es | Philosophia Philips | ette ettyretjä että äveitte eftek tija et kän el petit | ardrockarda eta azaren barria | Tier (e/ellow) skylvinouw | | Debelgádija |
| Texas Guaranteed Student Priority Creditor's Name | Last 4 digits of account number | 8 2 | 0 | 3 | \$ | 413.00 | \$ 413 | 3.00 | \$ | 0 |
| P O Box 201725 | | 00/00 | | _ | | | | | | |
| Number Street | When was the debt incurred? | 06/02/ | 2018 | 2 | | | | | | |
| | As of the date you file, the claim | s: Check | all the | at anniv | | | | | | |
| Austin TX 78720 | | • | · con con | л ирріј. | | | | | | |
| Austin TX 78720 City State ZIP Code | Contingent Unliquidated | | | | | | | | | |
| State Ell Gode | Disputed | | | | | | | | | |
| Who incurred the debt? Check one. | | | | | | | | | | |
| Debtor 1 only | Type of PRIORITY unsecured c | laim: | | | | | | | | |
| Debtor 2 only | ☐ Domestic support obligations | | | | | | | | | |
| Debtor 1 and Debtor 2 only | Taxes and certain other debts you | owe the | dover | nment | | | | | | |
| At least one of the debtors and another | Claims for death or personal injury | white vo | u were | 3 | | | | | | |
| Check if this claim is for a community debt | intoxicated | | | | | | | | | |
| | Other. Specify | | | | | | | | | |
| s the claim subject to offset? | | | | | | | | | | |
| ☑ No | | | | | | | | | | |
| Tyes 7-49-51-7-49-51-7-45-51-45-51-51-51-51-51-51-51-51-51-51-51-51-51 | artika (1800-er en 1819 vok 1 embertan hartings) degeld, in diskrive ekstörttat ettikal er þertindi, vefan freg í feljáleist semmes til ekstörbeg | CITAL SPECIAL PROPERTY OF | eritoritorium norm | NO PARAMETER IN THE PROPERTY AND | Northeantaine | Water and the second | nodo lla engant, en que paya gar | on's excession as an | and the second second | SPONIU |
| Texas Guaranteed Student | Last 4 digits of account number | 8 2 | 0 | 4 | s : | 531.00 | 531 | 00 | r | 0 |
| riority Creditor's Name | East 4 digits of account fighther | | | | Ψ | | <u> </u> | | * | |
| O Box 201725 | When was the debt incurred? | 06/02/2 | 2015 | · • | | | | | | |
| lumber Street | | _ | | | | | | | | |
| | As of the date you file, the claim is | : Check | all tha | t apply. | | | | | | |
| Austin TX 78720 | Contingent | | | | | | | | | |
| ity State ZIP Code | Unliquidated | | | | | | | | | |
| Who incurred the debt? Check one, | ☐ Disputed | | | | | | | | | |
| Debtor 1 only | Type of PRIORITY unsecured cl | aim. | | | | | | | | |
| Debtor 2 only | | alli. | | | | | | | | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | | | | | | | | | |
| At least one of the debtors and another | Taxes and certain other debts you Claims for death or personal injury | owe the | govern | ment | | | | | | |
| Check if this claim is for a community debt | intoxicated | | | | metherfoldsskerse | Live Seed on Anthony Control of States | em-ementa elegança in proj | | мбак/Shakganowqa | romana. |
| | Other, Specify | | | | | | | | | |
| s the claim subject to offset? | | | | | | | | | | |
| X No | | | | | | | | | | |

Marcellina T Abraham-Royster

Document

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Debtor 1

Part 2:

List All of Your NONPRIORITY Unsecured Claims

| 3. | Do any creditors have nonpriority ur | | | | | · · · · · · · · · · · · · · · · · · · | | | |
|-----|--|--|---|--|---|---------------------------------------|--|--|--|
| | No. You have nothing to report in the Yes | | | | | | | | |
| 4. | List all of your nonpriority unsecured | l claims in | the sinhabotical | order of the creditor who holds each claim. If a creditor ha | . () . () . () | | | | |
| i i | monphority unsecured claim, list the cre | ditor separ ditor holds | ately for each clair | n. For each claim listed, identify what type of claim it is. Do no list the other creditors in Part 3.If you have more than three no | t liet Mair | ne already | | | |
| _ | 3 | | | | Total | claim | | | |
| 4.1 | Accelerated Physical Rehab | Therapy | IL, IN, OH | Last 4 digits of account number 5 4 5 3 | | 155.00 | | | |
| | Nonpriority Creditor's Name 24014 W Renwick Rd | | | When was the debt incurred? 06/30/2014 | \$ | 100,00 | | | |
| | Number Street | | | - | | | | | |
| | Plainfield City | IL State | 60522 ZIP Code | As of the date you file, the claim is: Check all that apply. | | | | | |
| | · | | | Contingent | | | | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated | | | | | |
| | Debtor 1 only Debtor 2 only | | | ☐ Disputed | | | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | | |
| | At least one of the debtors and another | | | Student loans | | | | | |
| | ☐ Check if this claim is for a commu | nity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | : | | | |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | 1 | : | | | |
| | ☑ No ☑ Yes | | | ☑ Other, Specify medical | | | | | |
| 4.2 | Advocate Christ Madical Court | | | | (такуулганда матуу өүнүл | 4,424.00 | | | |
| | Advocate Christ Medical Center Nonpriority Creditor's Name |)r | | Last 4 digits of account number 5 3 6 0 When was the debt incurred? 06/02/2015 | \$ | 4,424.00 | | | |
| | P O Box 3039 | | | | | | | | |
| | Number Street Oak Brook | IL | 60522 | As of the date you file, the claim is: Check all that apply. | | | | | |
| | City | State | ZiP Code | ☐ Contingent | | - | | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated | | | | | |
| | Debtor 1 only Debtor 2 only | | | ☐ Disputed | | | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ At least one of the debtors and another | | | ☐ Student loans | | | | | |
| | Check if this claim is for a commun | nity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | Is the claim subject to offset? | | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify medical | | | | | |
| | Yes | | | - Caron opening | | | | | |
| 4.3 | Advocate | kirken verilisisk eksensor vissen er s | alitika (bi berafare de restaurren bete ette ett ette ett annab i et ejabet, och merse be ett | Last 4 digits of account number 4 3 9 0 | n eta | 4.030.50 | | | |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 11/23/2016 | \$ | 1,278.00 | | | |
| | 8550 W Bryn Mawr Ave 8th Flo | or | | | | | | | |
| | Chicago | IL_ State | 60631 ZIP Code | As of the date you file, the claim is: Check all that apply. | | | | | |
| | Who incurred the debt? Check one. | State | Zir Code | Contingent | | | | | |
| | Debtor 1 only | | | ☐ Unliquidated | | | | | |
| | Debtor 2 only | | | ☐ Disputed | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | | | Type of NONPRIORITY unsecured claim: | | | | | |
| | | ta | | Student loans | | : | | | |
| | | ity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | | | Other, Specify medical | | | | | |
| | | | | | | 1 | | | |

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Debtor 1

Marcellina T Abraham-Royster

Document

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Case number (# known)

Part 2:

| American Credit Acceptant | се | | Last 4 digits of account number 1 0 0 1 | \$ <u>6,107</u> |
|---|--|--|--|-----------------|
| 961 E Main St 2nd Floor | | | When was the debt incurred? 04/17/2015 | |
| Number Street Spartanburg | Number Street Spartanburg SC 29302 | | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check one | State | ZIP Code | ☐ Contingent☐ Unliquidated☐ Disputed | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and and | other | | Student loansObligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a condist the claim subject to offset? | nmunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| No Yes | | | Other. Specify credit use | |
| Americash Loan | anda kemenananga na ingensional andara kemenanga na ingensional andara kemenangan na ingensional andara kemena | in en der de transverse en | Last 4 digits of account number $\frac{1}{5}$ $\frac{5}{7}$ $\frac{6}{6}$ | \$ 370. |
| Nonpriority Creditor's Name 1507 E 87th St | | | When was the debt incurred? 11/12/2016 | |
| Number Street Chicago | IL | 60631 | As of the date you file, the claim is: Check all that apply. | |
| City Who incurred the debt? Check one. | State | ZIP Code | Contingent Unliquidated Disputed | |
| Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | ther | | Student loans Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a com | munity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? ✓ No ☐ Yes | | | Other. Specify Credit use | |
| City of Chicago/ Dept of Rev | venue | my de aministere de emilion de checido de plantes e en encuentra e estaca en constituir de la companya de la c | Last 4 digits of account number 7 8 0 8 | \$ <u>181</u> . |
| Nonpriority Creditor's Name 121 N LaSalle St | | | When was the debt incurred? 06/09/2015 | |
| Number Street Chicago | íL | 60602 | As of the date you file, the claim is: Check all that apply. | |
| City Who incurred the debt? Check one. | State | ZIP Code | Contingent Unliquidated Disputed | |
| Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and anot | her | | Student loans Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a com | | | you did not report as priority claims | |
| | | | Debts to pension or profit-sharing plans, and other similar debts | |

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|-----|--|--|---|---------------------|
| 7 | City of Chicago/ Dept of Revenue | | Last 4 digits of account number 0 4 0 4 | s 488,00 |
| | Nonpriority Creditor's Name 121 N LaSalle St | | When was the debt incurred? 11/25/2015 | * |
| | Number Street Chicago IL | 60602 | As of the date you file, the claim is: Check all that apply. | |
| | City State | ZIP Code | ☐ Contingent | |
| | AND a transport of the state of | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | | ☐ Disputed | |
| | Debtor 1 only Debtor 2 only | | Type of NONDBIODITY was a word object. | |
| | Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | | Student loansObligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | | you did not report as priority claims | |
| | Is the claim subject to offset? | | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify_ticket | |
| | ☑ No | | Other: Specify Horcet | |
| | Yes | | | : |
| 8 | City of Chicago/ Dept of Revenue | TOPE IN A PASS AND THE PROPERTY OF THE PROPERTY OF THE PASS AND THE PA | Last 4 digits of account number 0 8 9 9 | s 488.00 |
| | Nonpriority Creditor's Name | | 00.10.410.4.0 | |
| | 121 N LaSalle St | | When was the debt incurred? 03/31/2016 | |
| | Chicago IL | 60602 | As of the date you file, the claim is: Check all that apply. | |
| | City State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | Unliquidated | |
| | Debtor 1 only | | ☐ Disputed | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | ☐ Student loans | |
| | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | 1 |
| | ☐ Check if this claim is for a community debt | | you did not report as priority claims | |
| | is the claim subject to offset? | | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify_ticket | |
| | ☑ No ☑ Yes | | a out. Specify | |
| 9 | e Centralization (and foundamental and control of contr | PCM/AP Eu-1009-1004-2014 APMILIOTAN PARENTAL INSIDENCE SPLING (SEL) | retiliet in hele talen menentalisississississississississississississi | _{\$244.00} |
| | City of Chicago/ Dept of Revenue Nonpriority Creditor's Name | | Last 4 digits of account number 9 7 2 8 | |
| | 121 N LaSalle St | | When was the debt incurred? 05/17/2016 | |
| | Chicago IL | 60602 | As of the date you file, the claim is: Check all that apply. | |
| | City State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | Unliquidated | |
| | Debtor 1 only | | Disputed | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | Student loans | : |
| | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | | you did not report as priority claims | |
| | Is the claim subject to offset? | | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify_ticket | \$ |
| | ☑ No | | - Onlest opedity don't | : |
| | ☐ Yes | | | |

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Debtor 1

Marcellina T Abraham-Royster

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Part 2:

| Number Street Chicago IL 60602 City State ZIP Code As of the date you file, the claim is: C | 07/2016 Sheck all that apply. |
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| 121 N LaSalle St Number Street Chicago IL 60602 City State ZIP Code When was the debt incurred? 09/0 As of the date you file, the claim is: Combined to the claim is: Com | heck all that apply. |
| Chicago IL 60602 As of the date you file, the claim is: Colling State ZIP Code ☐ Contingent | |
| - Conungent | aim: |
| Who incurred the debt? Check one. Unfiquidated Disputed | aim [.] |
| Debtor 1 only | aim: |
| Debtor 1 and Debtor 2 only | |
| At least one of the debtors and another Obligations arising out of a separation | agreement or divorce that |
| ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Debts to pension or profit-sharing plan | s, and other similar debts |
| Is the claim subject to offset? Other. Specify ticket | |
| ☐ Yes | |
| 11 City of Chicago/ Dept of Revenue Last 4 digits of account number 3 | 2 5 3 s 244,00 |
| Nonpriority Creditor's Name | 31/2016 |
| 121 N LaSalle St When was the debt incurred? | 7772010 |
| Chicago IL 60602 As of the date you file, the claim is: Ci | neck all that apply. |
| City State ZIP Code Contingent | |
| Who incurred the debt? Check one. Unfiguidated Disputed | |
| Debtor 1 only | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Type of NONPRIORITY unsecured cla | aim: |
| At least one of the debtors and another | |
| Check if this claim is for a community debt Obligations arising out of a separation a you did not report as priority claims | |
| ☐ Debts to pension or profit-sharing plans | s, and other similar debts |
| ₩ No | THE REAL PROPERTY OF THE PROPE |
| Yes 12 | |
| City of Chicago/ Dept of Revenue Nonpriority Creditor's Name Last 4 digits of account number 5 | <u>8 6 1</u> <u>\$ 195.00</u> |
| 121 N LaSalle St Number Street When was the debt incurred? 07/0 | 9/2014 |
| Chicago IL 60602 As of the date you file, the claim is: Ch | eck all that apply. |
| City State ZIP Code Contingent | |
| Who incurred the debt? Check one. | : |
| Debtor 1 only | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Type of NONPRIORITY unsecured cla | im: |
| At least one of the debters and enother | |
| Check if this claim is for a community debt Check if this claim is for a community debt Obligations arising out of a separation a you did not report as priority claims | |
| Debts to pension or profit-sharing plans, | and other similar debts |
| Is the claim subject to offset? ☑ Other. Specify ticket ☑ Yes | |

Debtor 1

Marcellina T Abraham-Royster

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Part 2:

| | er listing any entries on this page, n | | | | Total claim |
|----|--|---|--|--|---|
| 13 | City of Chicago/ Dept of Reve | enue | | Last 4 digits of account number 1 9 5 (| 0 s 146.00 |
| | Nonpriority Creditor's Name 121 N LaSalle St | | | When was the debt incurred? 11/24/2016 | * water and the second |
| | Number Street Chicago | IL | 60602 | As of the date you file, the claim is: Check all that | apply. |
| | City Who incurred the debt? Check one. | State | ZIP Code | Contingent Unliquidated Disputed | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and anothe | | | ☐ Student loans | |
| | Check if this claim is for a commu | | | Obligations arising out of a separation agreement or you did not report as priority claims | |
| | Is the claim subject to offset? No Yes | | | ☐ Debts to pension or profit-sharing plans, and other s☐ Other. Specify ticket | similar debts |
| 14 | City of Chicago/ Dept of Reve | erti. Biskop (de di Asili di Demiller Grancins es e | a timbri da distintinda del menja religi filo da kanangila sammana pada sinta di sambala da di | Last 4 digits of account number 1 6 1 6 | 3 \$ 200.00 |
| | Nonpriority Creditor's Name | nue | | 0.4.14.0.16.0.4.77 | \$ 200.00 |
| | 121 N LaSalle St | | | When was the debt incurred? 01/12/2017 | |
| | Chicago | IL | 60602 | As of the date you file, the claim is: Check all that a | apply. |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | | Unliquidated Disputed | |
| | Debtor 1 only | | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | • | | Student loans | |
| | ☐ Check if this claim is for a commu | nitv debt | | Obligations arising out of a separation agreement or you did not report as priority claims | |
| | Is the claim subject to offset? | , | | Debts to pension or profit-sharing plans, and other s Other. Specify ticket | imilar debts |
| | ☑ No ☐ Yes | | | Other. Specify ticket | |
| 15 | -to-trans-transition and the state of the st | t Arthur far de Steuer de Leeuwer en ee eeuwe e | e en | | ************************************** |
| | ChexSystems Nonpriority Creditor's Name | | | Last 4 digits of account number 7 2 3 9 | *************************************** |
| | 7805 Hudson Rd Ste 100 | ······································ | | When was the debt incurred? 03/23/2017 | |
| | Woodbury | MN | 55125 | As of the date you file, the claim is: Check all that a | pply. |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only | | | a bispared | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Student loans | |
| | Check if this claim is for a commu | | | Obligations arising out of a separation agreement or you did not report as priority claims | divorce that |
| | Is the claim subject to offset? | nity aebt | | Debts to pension or profit-sharing plans, and other si | milar debts |
| | No Yes | | | Other. Specify_notice only | |
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Debtor 1

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Part 2:

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| Ail | er naturig any entities on this page, | , number tr | em beginning with | 4.4, followed by 4.5, and so forth. | | Total claim |
| 16 | City of Chicago FMC | | | Last 4 digits of account number | 0301 | |
| | City of Chicago EMS Nonpriority Creditor's Name | | | - Last 4 digits of account number | | \$_1,109.00 |
| | 33589 Treasury Center | | | When was the debt incurred? | 06/02/2015 | |
| | Number Street Chicago | IL | 60694 | As of the date you file, the clain | n is: Check all that apply | |
| | City | State | ZIP Code | Contingent | in the chicken that apply. | |
| | N | | | Unliquidated | | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | | |
| | Debtor 1 only Debtor 2 only | | | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecu | red claim: | |
| | ☐ At least one of the debtors and another | her | | Student loans | | |
| | ☐ Check if this claim is for a comm | | | Obligations arising out of a sepa you did not report as priority claim | ration agreement or divorce that | |
| | | munity debt | | Debts to pension or profit-sharing | | : |
| | is the claim subject to offset? | | | Other. Specify medical | | : |
| | ☑ Yes | | | | | |
| | Yes Yes | | | | | |
| 17 | | er Egenstyne i Santynia og Arbeito et 14 et transformert en | anns designe fine to tentimente est à entre territaire à exployer des àctivités es contra esc | | | mysos kamostalky mesterkytemes kannikos tatmatatames, |
| | Comcast | | | Last 4 digits of account number | 9 4 9 4 | s 491.00 |
| | Nonpriority Creditor's Name | | *************************************** | | | \$ 401,00 |
| | P O Box 3002 | | | When was the debt incurred? | And the state of t | |
| | Number Street | | | As of the date you file, the claim | See Objects all there is a | |
| | Southeastern | PA State | 19398 | | is: Check all that apply. | |
| | ony | State | ZIP Code | Contingent Unliquidated | | |
| | Who incurred the debt? Check one. | | | Disputed | | |
| | Debtor 1 only | | | Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecure | ed claim: | |
| | Debtor 1 and Debtor 2 onlyAt least one of the debtors and anoth | | | ☐ Student loans | | |
| | | | | Obligations arising out of a separ. | ation agreement or divorce that | : |
| | ☐ Check if this claim is for a comm | nunity debt | | you did not report as priority clain | ns | |
| | is the claim subject to offset? | | | Debts to pension or profit-sharing Other. Specify credit use | plans, and other similar debts | |
| | M No | | | _ онопоросн <u>у от они и оо</u> | ************************************** | |
| | Yes | | | | | |
| 8 | -mylocity Moreston's Last antiphylological thin stimplest impresent the stimplest is all solvents of the produced from the medical population of a global discourse | strates of the second s | \$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | EERSTON SERTEN AMMERICAN ASSESSED STANKES SAAN SAAN SERVET SERSTELE SERSTON ASSESSED ASSESSED ASSESSED SERVEN ASSESSED A | ti ki kirinda katanta minakat papanila padan kari mina minata katan palaban tanila si kirinda ata katan da kat Baran karinda katanta minakat papanila karinda karinda katan katan katan katan katan katan karinda katan katan | nemental de la company de la c |
| اما | Commonwealth Edison Com | nany | | Last 4 digits of account number | 3 0 8 1 | \$_1,319.00 |
| | Nonpriority Creditor's Name | рапу | *************************************** | mast 4 digits of account Hamper | | |
| | 3 Lincoln Center | | | When was the debt incurred? | | |
| | Number Street | | | As of the data year file the electric | ta ou la sur a la company | |
| | Oakbrook Terrace | <u>IL</u> | 60181 | As of the date you file, the claim i | is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | Unliquidated Disputed | | |
| | Debtor 1 only | | | 2 Saputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecure | ed claim; | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | | 4 |
| | At least one of the debtors and another | | | Obligations arising out of a separa | ation agreement or divorce that | |
| | Check if this claim is for a comm | unity debt | | you did not report as priority claim: | s . | |
| | ls the claim subject to offset? | | | Debts to pension or profit-sharing Other, Specify Credit use | plans, and other similar debts | \$ |
| | ☑ No | | | opony <u> vare add</u> | | : |
| | ☐ Yes | | | | | |
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Debtor 1

Marcellina T Abraham-Royster Middle Name

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Part 2:

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|----|--|---------------------------------------|---|--|------------------|--|
| 19 | Devon Financial Services Inc | ; | | Last 4 digits of account number 5 3 2 5 | \$_3,415.00 | |
| | Nonpriority Creditor's Name 9455 S Ashland Ave | | | When was the debt incurred? 10/27/2016 | | |
| | Number Street Chicago | IL | 60620 | As of the date you file, the claim is: Check all that apply. | | |
| | Who incurred the debt? Check one. Debtor 1 only | State | ZIP Code | Contingent Unliquidated Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | ır | | Student loans | į | |
| | Check if this claim is for a commi | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | | Other. Specify Credit use | | |
| | ☑ No ☐ Yes | | | | | |
| 20 | Directv Nonpriority Creditor's Name | nAvu emmo o esperia equespria e espec | PO LET PLAN MER SERVELLE SERVE AND | Last 4 digits of account number 7 2 3 9 | \$833.00 | |
| | P O Box 6550 | | | When was the debt incurred? | | |
| | Number Street | | | An of the date was Eller Alice July 100 1 100 | | |
| | Greenwood Village | CO | 80155 | As of the date you file, the claim is: Check all that apply. | | |
| | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only | State | Zii Gode | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | r | | Student loans Obligations arising out of a separation agreement or divorce that | | |
| | ☐ Check if this claim is for a commu | inity debt | | you did not report as priority claims | : | |
| | Is the claim subject to offset? ✓ No ☐ Yes | • | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit use | | |
| 21 | Dish Network | WELFURTHER STORES | llistronista a trocerco martillo ma amantificação françação (an Europia a Europia a Europia a Europia a Europia | Last 4 digits of account number 7 2 3 9 | \$ <u>492.00</u> | |
| | Nonpriority Creditor's Name 9601 S Meridian Blvd | | 80155 ZIP Code | When was the debt incurred? | | |
| | Number Street Englewood | СО | 80112 | As of the date you file, the claim is: Check all that apply. | | |
| | City Who incurred the debt? Check one. | State | | Contingent Unliquidated Disputed | | |
| | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Type of NONPRIORITY unsecured claim: Student loans | | |
| | ☐ Check if this claim is for a commu | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit use | | |
| | ☑ No ☐ Yes | | | - Other, Opening Ground and | : | |

Debtor 1

Marcellina T Abraham-Royster

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| 22 | ENAC | | | Last 4 digits of account number 7 2 3 9 | 3 (1427) | |
| | Nonpriority Creditor's Name | | | Last 4 digits of account number 1 2 3 5 | \$ | 683.00 |
| | 33589 Treasury Center | | | When was the debt incurred? | | |
| | Number Street Chicago | IL | 60694 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZiP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated | | |
| | | | | ☐ Disputed | | |
| | Debtor 1 only Debtor 2 only | | | T. (MANESTER) | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and anoth | er | | Student loans | | |
| | Check if this claim is for a comm | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical | | |
| | Ø No | | | Outer, opening The decor | | |
| | Yes | | | | | |
| 23 | Fauifac | | | Last 4 digits of account number 7 2 3 9 | er bedeer betreet of stables. | 0.00 |
| | Equifax Nonpriority Creditor's Name | ***** | | Last 4 digits of account flumber 7 Z 3 3 | \$ | 0.00 |
| | P O Box 740241 | | | When was the debt incurred? 03/23/2017 | | |
| | Number Street Atlanta | C A | 20274 | As of the date you file, the claim is: Check all that apply. | | |
| | City | GA State | 30374 ZIP Code | | | |
| | , | State | Zir Code | ☐ Contingent ☐ Unliquidated | | |
| | Who incurred the debt? Check one. | | | Disputed | | |
| | Debtor 1 only | | | _ bioputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | | Student loans | | |
| | At least one of the debtors and another | er | | Obligations arising out of a separation agreement or divorce that | | |
| | ☐ Check if this claim is for a comm | unity debt | | you did not report as priority claims | | : |
| | is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☑ No | | | Other. Specify notice only | | |
| | ☐ Yes | | | | | |
| 24 | errorente de la cinata com entre municipal proprieta de servicio en escala de la cinata de la cinata de la cinada del cinada de la cinada del cinada de la cinada del cinada de la cinada de la cinada del ci | intio etti intio 1 teeniminti ja teeniminti ja teeniminti ja teeniminti ja teeniminti ja teeniminti ja teenimi | ndurettiin Porrishadiga of New County Schumettern (Stitutette Against Schumettern) sind in Alexander | Last 4 digits of account number 7 2 3 9 | \$ | 0.00 |
| | Experian Nonpriority Creditor's Name | | | - 2 3 3 | | |
| | P O Box 2002 Number Street | | | When was the debt incurred? 03/23/2017 | | |
| | Allen | TX | 75013 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | Unliquidated | | |
| | Debtor 1 only | | | ☐ Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | | Student loans | | |
| | At least one of the debtors and anothe | r | | Student loansObligations arising out of a separation agreement or divorce that | | |
| | Check if this claim is for a commu | unity debt | | you did not report as priority claims | | |
| | Is the claim subject to offset? | | | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify_notice_only | | |
| | ☑ No | | | — Onler, opening crouded ordry | | : |
| | Yes | | | | | |

Debtor 1

Marcellina T Abraham-Royster

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|--------|---|---|--|--|---------|------------------|
| 25 | Home @ Five/ Swiss Colony | | | Last 4 digits of account number 7 2 3 9 | 14.64B. | |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 01/23/2012 | \$ | 213.00 |
| | 1112 7th Ave Number Street | | *************************************** | when was the dept incurred? | | |
| | Monroe City | WI | 53566 | As of the date you file, the claim is: Check all that apply. | | |
| | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commuls the claim subject to offset? No Yes | | ZIP Code | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit use | | : |
| 26 | IICIIA- Integrated Imaging Cor Nonpriority Creditor's Name | nsultants | reconstruction and administration of the desired contract and the desir | Last 4 digits of account number 3 4 4 1 | »»» | 5.00 |
| | 4400 Garfield Rd | | | When was the debt incurred? 11/23/2016 | | |
| | Number Street Clinton TWP | MI | 48038 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | ☐ Contingent | | |
| | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only | | | ☐ Unliquidated☐ Disputed☐ Type of NONPRIORITY unsecured claim: | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community the claim subject to offset? | | | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical | | |
| - post | ☑ No ☐ Yes | NAPOLIONA KOROSSINI KONSOKANI JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN | | the Other. Specify Triedical | | |
| 27 | LCMH/ Little Company of Mary | / Hospita | I & Health Car | Last 4 digits of account number 0 3 9 4 | \$ | 20.00 |
| | 2800 W 95th St Number Street | | | When was the debt incurred? 08/23/2015 | | |
| - | Evergreen Park | IL | 60805 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | Contingent Unliquidated | | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | | |
| | Debtor 1 only Debtor 2 only | | | Torrest | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | | | Student loans | | |
| | Check if this claim is for a commun | ity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | s the claim subject to offset? ☑ No ☑ Yes | | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify medical | | ; ; ; ; |
| | | | | | | |

Debtor 1

Marcellina T Abraham-Royster

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Part 2:

| | | | | 450.000.000.000.000.000.000 | |
|--|---|---|--|---|--|
| Pendrick Capital Partners LLC | | | Last 4 digits of account number 7 2 3 9 | s 554. | |
| 1714 Hollinwood Dr | | | When was the debt incurred? | *************************************** | |
| Number Street Belleview | VA | 22307 | As of the date you file, the claim is: Check all that apply. | | |
| Who incurred the debt? Che Debtor 1 only | State ck one. | ZIP Code | Contingent Unliquidated Disputed | | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a | nd another | | Type of NONPRIORITY unsecured claim: Student loans | | |
| Check if this claim is for is the claim subject to offset No | a community debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify <u>Credit use</u> | | |
| Swiss Colony/ Home A | t Five | POLYCO STANIA TO STANIA ST | Last 4 digits of account number $\frac{7}{2}$ $\frac{7}{3}$ $\frac{3}{5}$ | \$ <u>213</u> | |
| Nonpriority Creditor's Name 1515 S 21st St | | | When was the debt incurred? 01/23/2012 | | |
| Number Street Clinton | IA | 52732 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | ☐ Contingent | | |
| Who incurred the debt? Chec | k one. | | ☐ Unliquidated☐ Disputed | | |
| Debtor 1 only | | | ☐ Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only At least one of the debtors ar | ad another | | ☐ Student loans | | |
| Check if this claim is for a | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | - | | Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offset* No Yes | , | | Other. Specify credit use | | |
| TransUnion | ter ett er het die die keit er de er de entsche kommensioner de en speksje sjærge | llet et de skrivere et konstituer tij de ligter tij de skrivoorse, et socia et stissen in de skriveste de konst Til en skrivere et konstituer tij de skriveste tijde tij de skrivoorse, et socia et stissen in de skriveste de | Last 4 digits of account number 7 2 3 9 | \$ <u> 0</u> | |
| Nonpriority Creditor's Name P O Box 1000 | | - Ny - Arramanana ao amin'ny faritr'i Ny - Arramana ao amin'ny faritr'i Ny - Arramana ao amin'ny faritr'i Ny - | When was the debt incurred? 03/21/2017 | | |
| Number Street Chester | PA | 19022 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Check | k one. | | ☐ Unliquidated☐ Disputed | | |
| Debtor 1 only | | | - Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| At least one of the debtors andCheck if this claim is for a | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Is the claim subject to offset? | _ | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Notice Only | | |

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Debtor 1

Marcellina T Abraham-Royster
First Name Middle Name Last Name

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|---|---|---|----|---|

Your NONPRIORITY Unsecured Claims — Continuation Page

| Afi | er listing any entries on this page, n | umber the | em beginning with | 4.4, followed by 4.5, and so forth. | Total claim | | | | |
|-----|---|--|--|---|------------------------|--|--|--|--|
| 31 | T-Mobile Nonpriority Creditor's Name | | | Last 4 digits of account number 7 2 3 9 | _{\$} 1,377.00 | | | | |
| | 12920 SE 38th Ste | | | When was the debt incurred? | | | | | |
| | Number Street Bellevue | WA | 98006 | As of the date you file, the claim is: Check all that apply. | | | | | |
| | City | State | ZIP Code | Contingent | | | | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | | | | | |
| | Debtar 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | : | | | | |
| | At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | Check if this claim is for a commust the claim subject to offset? | inity debt | | Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | ☑ No | | | Other, Specify credit use | | | | | |
| | Yes | | | | : | | | | |
| 32 | UIC Pathology | Oracing and Control (Control (| AMBARI ANG ARIII AY IN NI ANG ANG ANG ANG ARIAN BARINAN BARYAN BANG ANG ANG ANG ANG ANG ANG ANG ANG ANG | Last 4 digits of account number 1 6 7 2 | s 231.00 | | | | |
| | Nonpriority Creditor's Name | """"""""""""""""""""""""""""""""""""" | | When was the debt incurred? 06/02/2015 | V | | | | |
| | 2723 Solution Center Number Street | | | when was the dept incurred? | | | | | |
| | Chicago | IL | 60677 | As of the date you file, the claim is: Check all that apply. | | | | | |
| | City | State | ZIP Code | Contingent | | | | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | | | | | |
| | Debtor 1 only | | | | | | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | | |
| | At least one of the debtors and another | | | Student loans | | | | | |
| | Check if this claim is for a commu | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | is the claim subject to offset? | , | | Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | ☑ No | | | Other. Specify medical | : | | | | |
| | ☐ Yes | The the constants of the state | ensk ensk-tikkers (minesk kompt dager-pet press-ess skriverek skriverek skriverek skriverek skriverek skriver | | | | | | |
| 33 | University of Chicago Medicine |) | | Last 4 digits of account number 5 0 9 0 | \$542.00 | | | | |
| | Nonpriority Creditor's Name 15965 Collections Center Dr | | The state of the s | When was the debt incurred? 09/29/2014 | | | | | |
| | Number Street | | | As of the date you file, the claim is: Check all that apply. | | | | | |
| | Chicago | IL State | 60693 ZIP Code | Contingent | | | | | |
| | 1411 | | | Unliquidated | | | | | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | | | | | |
| | Debtor 1 only Debtor 2 only | | | Time of MONDPHODITY | | | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ At least one of the debtors and another | | | Student loans | | | | | |
| | ☐ Check if this claim is for a commun | nity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | is the claim subject to offset? | • | | Debts to pension or profit-sharing plans, and other similar debts Other, Specify medical | | | | | |
| | ☑ No □ Yes | | | Cities, Specify Houseds | : | | | | |
| | | | | | | | | | |

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Marcellina T Abraham-Royster

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| ж. | ж. | | | 3 |
| | | | | |

Your NONPRIORITY Unsecured Claims — Continuation Page

| Aft | er listing any entries on this page, r | number the | m beginning with | 4.4, followed by 4.5, and so forth. | | | То | lal claim |
|-----|--|--|--|--|-------------------|---|----------|-----------|
| 34 | University of Chicago Medicii | ne | | Last 4 digits of account number | 3 7 | 6 4 | e | 577.00 |
| | Nonpriority Creditor's Name 15965 Collections Center Dr | | | When was the debt incurred? | 10/08/2 | 2014 | Ψ | |
| | Number Street Chicago | IL | 60693 | As of the date you file, the claim | is: Check | call that apply. | | |
| | City | State | ZIP Code | ☐ Contingent☐ Unliquidated | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | | | ☐ Disputed | | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecur Student loans | ed claim: | | | |
| | At least one of the debtors and another | | | Obligations arising out of a separ | ration agre | ement or divorce that | | : |
| | Check if this claim is for a comm Is the claim subject to offset? | unity debt | | you did not report as priority clair Debts to pension or profit-sharing Other. Specify medical | ns g plans, an | d other similar debts | | : |
| | ☑ No ☐ Yes | | | Guer, specify Garage | | *************************************** | | |
| 35 | University of Chicago Medicin | n As dimin we man ang a way was an | arrolle et 18 euromatik-set entschritzenscheide (stronoma ekonomen) aus geschaussyna ekonomen. | Last 4 digits of account number | 5 7 | 9 2 | œ. | 47.00 |
| | Nonpriority Creditor's Name | | | | 10/22/2 | | | |
| | 15965 Collections Center Dr Number Street | | | | | | | |
| | Chicago City | State | 60693 ZIP Code | As of the date you file, the claim Contingent | is: Check | all that apply. | | |
| | Who incurred the debt? Check one. | | | Unliquidated | | | | |
| | Debtor 1 only | | | ☐ Disputed | | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecure | ed claim: | | | • |
| | At least one of the debtors and another | r | | Student loansObligations arising out of a separa | ation agrae | ement or diverse that | | |
| | ☐ Check if this claim is for a commu | nity debt | | you did not report as priority claim Debts to pension or profit-sharing | rs . | | | |
| | Is the claim subject to offset? ✓ No | | | Other. Specify medical | pians, and | other similar debts | | |
| | Yes | | | | | | | |
| 36 | | ent annual a | \$\dagge\text{2.5} | Last 4 digits of account number | 6 6 | ************************************** | \$ | 24.00 |
| | University of Chicago Physicia Nonpriority Creditor's Name | ins Group |) | | | | | |
| | P O Box 75307 Number Street | | | When was the debt incurred? | 10/08/2 | 014 | | |
| | Chicago | I L | 60675 | As of the date you file, the claim i | s: Check | all that apply. | | |
| | · | State | ZIP Code | ☐ Contingent☐ Unliquidated | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | | | ☐ Disputed | | | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecure | d claim: | | | |
| | Debtor 1 and Debtor 2 onlyAt least one of the debtors and another | | | Student loans | | | | |
| | ☐ Check if this claim is for a commu | nity debt | | Obligations arising out of a separa you did not report as priority claim: | 5 | | | |
| | Is the claim subject to offset? | , | | Debts to pension or profit-sharingOther. Specify medical | plans, and | other similar debts | | |
| | ☑ No □ Yes | | | | | - | | |

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| Habitania - rom | <i>a i</i> = | | 5 m A A 11 m C | |
|--|--|--|--|-------|
| University of Chicago Physopriority Creditor's Name | nysicians Gro | oup | Last 4 digits of account number 6 6 7 9 | s14 |
| P O Box 75307 | | | When was the debt incurred? 06/23/2014 | |
| Number Street Chicago | IL | 60675 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check | State one. | ZIP Code | Contingent Unliquidated Disputed | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and | anath a | | Type of NONPRIORITY unsecured claim: Student loans | |
| Check if this claim is for a clis the claim subject to offset? No Yes | | ı | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical | |
| University of Chicago Ph | veiriane Gro | entil de filosofie de la contrata d | Last 4 digits of account number 6 6 7 9 | s 111 |
| Nonpriority Creditor's Name | yaidana 010 | шр | | \$ |
| P O Box 75307 | • | | When was the debt incurred? 10/08/2014 | |
| Chicago | IL | 60675 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | ☐ Contingent | |
| Who incurred the debt? Check of | ne | | Unliquidated | |
| Debtor 1 only | | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors and a | inother | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a c | ommunity debt | | you did not report as priority claims | |
| Is the claim subject to offset? | omandinty dest | | Debts to pension or profit-sharing plans, and other similar debts | |
| ✓ No Yes | | | Other. Specify_medical | |
| a waa sa kuu waa ka ahaa ka ahaa ka k | makentinettien kämisetta enoim, keitäjäntään jä kuusuur vaiste | rettore dividigaçõe en descover en simensor en mitrori, a exemplor à sende es en sente. | | s 234 |
| WOW Internet Cable Pho Nonpriority Creditor's Name | ne 1 | | Last 4 digits of account number 2 4 3 4 | ¥ |
| P O Box 4350 Number Street | | | When was the debt incurred? | |
| Carol Stream | IL | 60197 | As of the date you file, the claim is: Check all that apply. | |
| Dity | State | ZIP Code | Contingent | |
| Who incurred the debt? Check or | 20 | | Unliquidated | |
| Debtor 1 only | ю. | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONDBIODITY amount of the | |
| Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and a | nother | | Student loans Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a co | mmunity debt | | you did not report as priority claims | |
| s the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit use | |

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Marcellina T Abraham-Royster

Part 3:

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| AmeriCash Loan | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|---|--|--|--|
| P O Box 184 | | | F (O) D |
| Number Street | | | Line 5 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Des Plaines | IL | 60016 | Last 4 digits of account number 1 5 7 6 |
| City | State | ZIP Code | |
| CBHV/ Collection Bureau | of Hud | son Valley | On which entry in Part 1 or Part 2 did you list the original creditor? |
| P O Box 831 | | | Line 17 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | ************* | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| Newburgh | NY | 12550 | Last 4 digits of account number 9 4 9 4 |
| City Coloron contract of the | State | ZIP Code | Edist 4 digits of account number |
| CMI | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | · |
| 4200 International Pkwy | | | Line 39 of (Check one): Dert 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Camallian | T \/ | 75007 | Ciamis |
| Carrollton | TX State | 75007 ZIP Code | Last 4 digits of account number 5 7 3 1 |
| Convergent Outsourcing I | | erte et erte et et englist in gregor de gregor de Francis et en en en egene. | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | on which entry in Part 1 of Part 2 did you list the original creditor? |
| P O Box 9004 | | | Line 20 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| Renton | WA | 98057 | Last 4 digits of account number 3 2 5 2 |
| tina eri sa mengamba angaran eri se pangan angarang angar eri pangan angarang paga pangangan | State | ZIP Code | |
| Cornerstone Acceptance | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 3741 S Nova Rd | | | Line 4 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | ······································ | | |
| | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Port Orange | FL | 32129 | 1 0 0 1 |
| City construction and an improper construction and an improper construction of the con | State | ZIP Code | Last 4 digits of account number 1 0 0 1 |
| Creditors Discount & Aud | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | |
| P O Box 213 | | | Line 22 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Ctrantau | | 04004 | |
| Streator | IL State | 61364 ZIP Code | Last 4 digits of account number 0 7 N 7 |
| Harris & Harris | medicanes describe | etti kirimetaa eenemikiin etiimeyta aanago ky Sutainka, kulaata minaa | |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 111 W Jackson Blvd Ste 4 | 00 | | Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| Temperature of the second seco | | | Claims |
| Chicago | IL | 60604 | Last 4 digits of account number 5 3 0 2 |
| City | State | ZIP Code | Eggt 4 digits of decodiff figurings |

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Marcellina T Abraham-Royster

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| 5. | example, if a collection agency is trying to collect from you 2, then list the collection agency here. Similarly, if you have | rour bankruptcy, for a debt that you already listed in Parts 1 or 2. For u for a debt you owe to someone else, list the original creditor in Parts 1 or more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ins to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|----|--|--|
| | I C System | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | P O Box 64378 | Line 18 of (Check one): Part 1: Creditors with Priority Unsecured Claim |

| Name | | | 40 | | |
|--|--|--|---|--|--|
| P O Box 64378 | | | Line 18 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| St Paul | MN | 55164 | Last 4 digits of account number 0 1 7 9 | | |
| City | State | ZIP Code | | | |
| Nationwide Credit Corpor | ation | | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| Name | | | | | |
| 5503 Cherokee Ave | | | Line 28 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured | | |
| | | | Claims | | |
| Alexandria | VA State | 22312 ZIP Code | Last 4 digits of account number 2 5 1 4 | | |
| as abortos propistos tradistronos propistos tradistronos propistos propiedos | - Control - Control William Control | the section and the section of the s | | | |
| SACU/ Nelnet | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| P O Box 2970 | | | Line 2.5 of (Check one): W Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured | | |
| | | | Claims | | |
| Omaha | NE | 68103 | | | |
| City | State | ZIP Code | Last 4 digits of account number 4 8 5 0 | | |
| SACU/ Nelnet | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| Name | | | , | | |
| P O Box 2970 | | | Line 2.6 of (Check one): A Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured | | |
| | | | Claims | | |
| Omaha City | NE State | 68103 | Last 4 digits of account number 4 8 5 0 | | |
| timoteti est e en en est estren estren estren estren estren en e | | AND | | | |
| Sallie Mae/ Dept of ED Name | ······································ | | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| P O Box 9635 | | | Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured | | |
| | | | Claims | | |
| Wilkes Barre | PA | 18773 | Last 4 digits of account number 1 5 6 5 | | |
| City | State | ZIP Code | rast + digits of account number | | |
| Stellar Recovery | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| Name | | | | | |
| P O Box 48370 | | | Line 21 of (Check one): Dert 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| h r +sı | | 000.47 | | | |
| Jacksonville City | FL State | 32247 ZIP Code | Last 4 digits of account number 1 5 6 4 | | |
| Southwest Credit Systems | опицирально папачаского пода | enginenti egi paggin gangung kangung kenangga tahung paggan pangga bangga bangga | | | |
| Name Name | 3 L.I . | | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| 4150 International Pkwy S | te 1100 | | Line 31 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | ., | ···· | Part 2: Creditors with Nonpriority Unsecured | | |
| - And the Andrean Control of the Con | | | Claims | | |
| Carrollton | TX | 12550 | Last 4 digits of account number 9 4 9 4 | | |
| City | State | ZIP Code | Last 4 digits of account number | | |

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Debtor 1

Marcellina T Abraham-Royster

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| TG | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|--|---|--|---|
| Name | | | time 2.7 of (Check and). [3] Part 1: Condition with Priority Happy and Claims |
| P O Box 83100 Number Street | · | | Line 2.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claim |
| Round Rock | TX | 78683 | Last 4 digits of account number <u>G 0 1</u> |
| City | State | ZIP Code | |
| TG | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | 15 2.9 (OLUM, 1) [3. p. 14. o. pt 9. p. 19. p. 14. o. pt |
| P O Box 83100 | ****************************** | -t=-t/-ri | Line 2.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| umber Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Round Rock | TX State | 78683 ZIP Code | Last 4 digits of account number G 0 2 |
| | e kanada kanada keesta keesta ka saana ka sa ka | erida en deret kent beg er entitust til det konstitueg til kentje-ligere gjeregere eksikli | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | | ***************** | , , |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | ., | Part 2: Creditors with Nonpriority Unsecured Claims |
| 24 | | ZIP Code | Last 4 digits of account number |
| Dity | State | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | *********** | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims Claims |
| Dity | State | ZIP Code | Last 4 digits of account number |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| | | | Last 4 digits of account number |
| Etty nyaéta samanang manasanang majarindagan impaninta da inahatan minahata n | State | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | |
| Number Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| tumber Sireet | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| E Entre Established in Sentimber (Sentimber) de Sentimber (Sentimber (Sentimber (Sentimber (Sentimber (Sentimber Entre Established (Sentimber (Sentimber (Sentimber (Sentimber (Sentimber (Sentimber (Sentimber (Sentimber (Se | State | ZIP Code | Last 4 digits of account number |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | Line of (Check and): D Dort 1) Conditions with Delayth, Unangered Chilese |
| Number Street | *************************************** | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | Last 4 digits of account number |
| City | State | ZIP Code | Last → digits of account nutilibel |

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Document Marcellina T Abraham-Royster

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | Total claim | |
|-----------------------------|-------------|--|------------|-------------|----------|
| Total claims | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 5,196.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ | 0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$ | 5,196.00 |
| | | | | | |
| | | | | Total claim | |
| Total claims | 6f. | Student loans | 6f. | Total claim | 0.00 |
| Total claims from Part 2 | | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6f. 6g. | | 0.00 |
| | 6 g. | Obligations arising out of a separation agreement or divorce that you did not report as priority | | | |
| | 6g. 6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other | 6g. | \$ | 0.00 |

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| Fi | ll in this i | nformation to | identify you | r case: | | | | | |
|-----------------|--|--|--|--|--|--|--|---|--|
| n | ebtor | Marcellina [*] | T Abrahan | n-Royster | | | | | |
|] | | First Name N/A | | Middle Name | Last Name | | | | |
| | ebtor 2 pouse If filing | | | Middle Name | Last Name | | | | |
| Ur | nited States | Bankruptcy Cour | t for the: North | nern District of III | inois | | | | |
| | ase number (known) | | | | PRO 800-00-00-00-00-00-00-00-00-00-00-00-00- | ************************************** | | | Check if this is an amended filing |
| Of | ficial l | Form 106 | SG | | | | | | |
| Se | ched | ule G: E | xecut | tory Con | itracts ar | nd Un | expired Lea | ases | 12/15 |
| info add | ormation. litional pa Do you l | If more space in ges, write your in ave any execuing the characters. The characters in the characters | is needed, c r name and utory contra and file this fo | copy the addition case number (if a cts or unexpired community to the court with the court in th | nal page, fill it out f known). d leases? t with your other so | , number t hedules. Y | , both are equally respondence on tries, and attach is a second of the contract of the contrac | t to this page. O | n the top of any |
| 2. | Yes. | Fill in all of the in rately each pe rent, vehicle in | information b | pelow even if the | contracts or leases | are listed | on Schedule A/B: Proper lease. Then state what of instruction booklet for mo | ty (Official Form | 106A/B). |
| : | Person o | or company wit | th whom yo | u have the cont | ract or lease | | State what the contra | ct or lease is fo | |
| 2.1 | N/A | | | | | | | | |
| | Name | | | | · · · · · · · · · · · · · · · · · · · | *************************************** | | | |
| | Number | Street | | | | THE SALE | | | |
| | City | | State | ZIP Code | | | | | |
| ~~~~ | Fighter is representatively and personal | t almitte da da da anta antique en tega en como espera. En una | State | ZIF COUR | entralent ett tette et etterne militäriste ett ett ett ett ette ett ett ett ett | nananan sa sanan ang asalay na | | n 1900 e renderat e komenderat kombet kan | en en militare (1846-1944) en |
| 2.2 | N/A Name | | 1001 | | | ******* | | | |
| | ^~^\\^ | ************************************** | | | | | | | |
| | Number | Street | | | | | | | |
| -901 / 1 = 2021 | City | The American State (1) of the state of the s | State | ZIP Code | | | distribution and the state of the | | |
| 2.3 | N/A | | | | | | | | |
| | Name | | | | | | | | |
| | Number | Street | W | *************************************** | | | | | |
| | City | | Ct.i. | 7/0.0-1 | | | | | |
| 2.4. | | s de la cesa en en en en constante de la const | State | ZIP Code | and angus the construction of the first the construction of the co | suman se este de entre en el el el entre en el el | etintäätäntinanuon neessa, ausenti etäättäääni, ensi assaunaassa ja | MARINES NEL CONTRACTOR CONTRACTOR SERVICES | etine seen meningal shighilyada pabahili ee kepermente bakka kanada. |
| | N/A Name | | | | | | | | |
| | | | | | | | | | |
| | Number | Street | | | | THE STATE OF THE S | | | |
| | City | and the second s | State | ZIP Code | | | | | |
| 2.5 | N/A | | | | and the second s | and the second | en er | terinotito (en la licela de segon entre giuntera e pre | reteren di en esti en escribito de attituto de attituto de accionenza e accionenza e e e e |
| 3 | Name | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | Number | Street | | | | | | | |
| | City | | State | ZIP Code | | the Manager | | | |

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| Fill in this information to identify your case: | |
|---|--|
| Debtor 1 Marcellina T Abraham-Royster | |
| First Name Middle Name Last Name Debtor 2 N/A | |
| (Spouse, if filing) First Name Middle Name Last Name | |
| United States Bankruptcy Court for the: Northern District of Illinois | |
| Case number(If known) | ☐ Check if this is an |
| | amended filing |
| Official Form 106H | |
| Schedule H: Your Codebtors | 12/15 |
| Codebtors are people or entities who are also liable for any debts you may have. Be as are filing together, both are equally responsible for supplying correct information. If m and number the entries in the boxes on the left. Attach the Additional Page to this pagicase number (if known). Answer every question. | ore space is needed, copy the Additional Page, fill it out, |
| | |
| Do you have any codebtors? (If you are filing a joint case, do not list either spouse as No | a codeptor.) |
| ☐ Yes | |
| 2. Within the last 8 years, have you lived in a community property state or territory? | |
| Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washi. M. No. Go to line 3. | ngton, and Wisconsin.) |
| Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? | |
| □ No | |
| yuung | Fill in the name and current address of that person. |
| | |
| Name of your spouse, former spouse, or legal equivalent | |
| Number Street | |
| | |
| City State ZIP Code | |
| 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor i shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. | Make sure you have listed the creditor on e G (Official Form 106G). Use <i>Schedule D</i> , |
| Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt |
| | Check all schedules that apply: |
| 3.1 N/A | Schedule D, line |
| Name | Schedule E/F, line |
| Number Street | Schedule G, line |
| City State ZIP Code | Management of the Control of the Con |
| 3.2 N/A | |
| Name | Schedule D, line |
| Number Street | Schedule E/F, line |
| reginual diliget | Schedule G, line |
| City State ZIP Code | |
| 3.3 N/A | Schedule D, line |
| Name | Schedule E/F, line |
| Number Street | G Schedule G, line |
| City State 719 Code | naturation |

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| Fill in this information to identify | your case: | | | | | | |
|---|---|---|-----------------|--|----------------------------------|---|--|
| Debtor 1 Marcellina T Abra | ham-Rovster | | | | | | |
| First Name | Middle Name | Last Name | | | | | |
| Debtor 2 IN/A (Spouse, if filing) First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: | Northern District of Illinois | | | | | | |
| | | | | Che | ck if this is: | | |
| (If known) | | | | | n amended fili | ng | |
| | | | | | supplement sincome as of the | | petition chapter 13 late: |
| Official Form 106I | | | | ĭ | IM / DD / YYYY | | |
| Schedule I: You | ir Income | | | | | | 12/15 |
| Be as complete and accurate as possiblying correct information. If you figure separated and your spouseparate sheet to this form. On the Part 1: Describe Employm | ou are married and not fi se is not filing with you, top of any additional pa | ling jointly, and ye do not include in | our sp forma | ouse is living | with you, includer spouse. If mo | le informatione space is r | n about your spouse. |
| Fill in your employment information. | | Debtor 1 | | MARIN | Debto | r 2 or non-fi | ling spouse |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | ≝ Employed ☐ Not employ | ⁄ed | | | nployed ot employed | PROPERTY CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO |
| Include part-time, seasonal, or self-employed work. | On a contraction of | CNA | | | | | |
| Occupation may include student or homemaker, if it applies. | Occupation | Maria de la compania del compania del compania de la compania del la compania de la compania dela compania del la compania de la compania de la compania dela compania del la compania de | | The state of the s | | | *************************************** |
| | Employer's name | Belhaven Nu | rsing | & Rehab. C | ent | ~~~~ | |
| | Employer's address | 11401 S Oak | lev A | ve | | | |
| | | Number Street | | | Number | Street | |
| | | Chinana | | | | | |
| | | Chicago City | Stat | IL 6064 e ZIP Code | City | | State ZIP Code |
| | How long employed the | re? 4 mths | | | 4 mth | S | |
| Part 2: Give Details About | Monthly Income | | | | | | |
| Estimate monthly income as of spouse unless you are separated. | the date you file this for | m. If you have noth | ing to | report for any li | ne, write \$0 in the | space. Inclu | ide your non-filing |
| If you or your non-filing spouse ha below. If you need more space, at | ve more than one employe tach a separate sheet to the | er, combine the info nis form. | ormatio | on for all emplo | ers for that person | on on the line | s |
| | | | | For Debtor | | otor 2 or ng spouse | |
| List monthly gross wages, sala deductions). If not paid monthly, e | ry, and commissions (be calculate what the monthly | efore all payroll wage would be. | 2. | \$_1,325. | 50 s | P04400000014140000000000000000000000000 | |
| 3. Estimate and list monthly over | ime pay. | | 3. | +\$0.0 | 00 + \$ | | |
| 4. Calculate gross income. Add lin | e 2 + line 3. | | 4. | \$1,325.5 | 50 \$ | | |

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| Debtor 1 Marcellina T Abraham-Royster First Name Middle Name Last Name | | C | Case number (#) | khowi |) | |
|---|--------------|----------|-------------------|-------|-----------------------------------|----------------------|
| | | Fo | or Debtor 1 | | For Debtor 2 or non-filing spouse | |
| Copy line 4 here | ≯ 4. | \$ | 1,325.50 | ese: | \$ | |
| 5. List all payroll deductions: | | _ | - | | - | |
| 5a. Tax, Medicare, and Social Security deductions | _ | _ | 440.00 | | | |
| 5b. Mandatory contributions for retirement plans | 5a. | - | 142.26 | • | \$ | |
| | 5b. | \$_ | 0.00 | - | \$ | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$_ | 0.00 | - | \$ | |
| 5d. Required repayments of retirement fund loans | 5 d . | \$ | 0.00 | - | \$ | |
| 5e. Insurance | 5e. | \$_ | 0.00 | + | \$ | |
| 5f. Domestic support obligations | 5f. | \$_ | 0.00 | | \$ | |
| 5g. Union dues | 5g. | \$_ | 21.00 | | \$ | |
| 5h. Other deductions. Specify: | 5h. | +\$ | 0.00 | | + \$ | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | \$_ | 163.26 | | \$ | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 1,162.24 | | \$ | |
| 8. List all other income regularly received: | | | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | | \$ | |
| 8b. Interest and dividends | 8b. | \$ | 0.00 | | \$ | |
| 8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive | | Ψ | | | Ψ | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | | \$ | |
| 8d. Unemployment compensation | 8d. | \$ | 0.00 | | \$ | |
| 8e. Social Security | 8e. | \$ | 0.00 | | \$ | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | Œ | 0.00 | | | |
| | 8f. | Φ | 0.00 | | a | |
| 8g. Pension or retirement income | 8g. | \$ | 0.00 | | \$ | |
| 8h. Other monthly income. Specify: | 8h. | +\$ | 0.00 | | +\$ | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ | 0.00 | | \$ | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | 1,162.24 | + | \$8 | = \$ 1,162.24 |
| 11. State all other regular contributions to the expenses that you list in Schedi Include contributions from an unmarried partner, members of your household, you friends or relatives. | our de | epende | | | | |
| Do not include any amounts already included in lines 2-10 or amounts that are n Specify: | ot av | ailable | to pay expen | ses | listed in Schedule J. | · \$0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The n Write that amount on the Summary of Your Assets and Liabilities and Certain St. | esult | is the d | combined mo | nthi | v income. | \$ 1,162.24 |
| Services and administration of the contract of | underl | ar iiiiO | rraduori, ii il d | րին | 12. | Combined |
| 13. Do you expect an increase or decrease within the year after you file this for | rm? | | | | | monthly income |

☑ No.

Yes. Explain:

| Fill in this information to identif | y your case: | | | |
|---|--|---|---|-------------------------------|
| Debtor 1 Marcellina T Abra | aham-Rovster | | | |
| First Name Debtor 2 N/A | Middle Name Last Name | Check if this | s is: | |
| (Spouse, if filing) First Name | Middle Name Last Name | An amer | * | |
| United States Bankruptcy Court for the | : Northern District of Illinois | | ement showing pos s as of the followin | tpetition chapter 13 |
| Case number (If known) | | MM / DD | | g water |
| Official Form 106J | | | | |
| Schedule J: Yo | ur Expenses | | | 12/15 |
| Be as complete and accurate as prinformation. If more space is need (if known). Answer every question | possible. If two married people are fil ded, attach another sheet to this forn n. | ing together, both are equally res | sponsible for supply ges, write your nan | vina correct |
| | usehold | | | |
| Is this a joint case? No. Go to line 2. | | | | |
| Yes. Does Debtor 2 live in a | separate household? | | | |
| ☐ No | • | | | |
| Yes, Debtor 2 must fi | ile Official Form 106J-2, Expenses for S | Separate Household of Debtor 2. | | |
| 2. Do you have dependents? | ☐ No | Donandant's saletimetric 4 | B | |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not state the dependents' names. | | son | 16 | ☐ No ☑ Yes |
| | | | | ☐ No ☐ Yes |
| | | | | ☐ No |
| | | | | ☐ Yes |
| | | | | ☐ No ☐ Yes |
| | | | | □ No |
| | the second contract of | | | ☐ Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | ☑ No ☑ Yes | | | |
| Part 2: Estimate Your Ongo | ing Monthly Expenses | | | |
| 505000000000000000000000000000000000000 | r bankruptcy filing date unless you a | re using this form as a suppleme | nt in a Chanter 13 c | ace to report |
| expenses as of a date after the bar | nkruptcy is filed. If this is a suppleme | ental <i>Schedule J</i> , check the box a | t the top of the forn | and fill in the |
| applicable date. | | | | |
| such assistance and have included | n-cash government assistance if you d it on <i>Schedule I: Your Income</i> (Offic | know the value of cial Form 106i.) | Your expe | nses |
| | expenses for your residence. Include | · | ************************************** | 550.00 |
| If not included in line 4: | | | - | |
| 4a. Real estate taxes | | | 4a. \$ | 0.00 |
| 4b. Property, homeowner's, or re | enter's insurance | | 4b. \$ | 0.00 |
| 4c. Home maintenance, repair, | and upkeep expenses | | 4c. \$ | 0.00 |
| 4d. Homeowner's association or | condominium dues | | 4d. \$ | 0.00 |

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Debtor 1 Marcellina T Abraham-Royster

First Name Middle Name Last Name

Case number (#known)_____

| | | | | (penses |
|-----|---|-------------------|----------|---------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| 6. | Utilities: | | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 85.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 135.00 |
| | 6d. Other. Specify: | 6d. | \$ \$ | 0.00 |
| 7. | | 7. | \$ | 420.00 |
| 8. | Childcare and children's education costs | 8. | ¢ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | Ψ \$ | 61.00 |
| 10. | Personal care products and services | 10. | Ψ \$ | 44.00 |
| 11. | Medical and dental expenses | 11, | \$ | 30.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | • • • | Ψ | |
| | Do not include car payments. | 12. | \$ | 160.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 125.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 400.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | 17c. | \$ | 0.00 |
| | 17d. Other, Specify: | 17d. | \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | p | 0.00 |
| | Specify: | 19. | \$ | 0.00 |
| | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | | Ψ | |
| | 20a. Mortgages on other property | e. 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20a. 20b. | \$ | |
| | 20c. Property, homeowner's, or renter's insurance | 20b. 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 2.22 |
| | 20e. Homeowner's association or condominium dues | 20a. | \$ | |
| | | | | |

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| Debto | Marcellina T Abraham-Royster First Name Middle Name Last Name Case number | if known) | To | |
|----------------|--|-----------|---|---|
| 21. (| ther. Specify: school loans | 21. | +\$ | 20.00 |
| 22. C | alculate your monthly expenses. | | (PT AN - AN | |
| 2 | 2a. Add lines 4 through 21. | 22a. | \$ | 2,030.00 |
| 2 | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | \$ | 0.00 |
| 2 | c. Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$ | 2,030.00 |
| 23. Ca | culate your monthly net income. | | | |
| 238 | . Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,162.24 |
| 238 | . Copy your monthly expenses from line 22c above. | 23b. | -\$ | 2,030.00 |
| 230 | y and the state of | | _ | 007.70 |
| | The result is your monthly net income. | 23c. | \$ | -867.76 |
| 24. D o | you expect an increase or decrease in your expenses within the year after you file this form? | | | |
| Fo | example, do you expect to finish paying for your car loan within the year or do you expect your tgage payment to increase or decrease because of a modification to the terms of your mortgage? | | | |
| Z | No | | | |
| | Yes. Explain here: | | | *************************************** |
| | | | | |
| | | | | |

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| | 3 | | |
|---|--|--|---------------------------------|
| ill in this information to identify your case: | | | |
| Peblor 1 Marcellina T Abraham-Royster First Name Middle Name | Last Name | | |
| obtor 2 N/A Nouse, if filing) First Name Middle Name | | | |
| ited States Bankruptcy Court for the: Northern District of Illin | Last Name | | |
| ase number | | | |
| f known) | | | Check if this is amended filing |
| Official Form 106Dec | | | |
| Declaration About an I | <u>ıdividual Debtor's</u> | Schedules | 12/15 |
| lf two married people are filing together, both are equ | ally responsible for supplying correct ir | nformation. | |
| Did you pay or agree to pay someone who is NOT | an attorney to help you fill out bankrupt | cy forms? | |
| Yes. Name of person | . Attach Bankruptcy | Petition Preparer's Notice, Declaration, | and |
| | Signature (Official | Form 119). | |
| Under penalty of perjury, I declare that I have read that they are true and correct. **Markettura* - Anaham - References Signature of Debtor 1 | the summary and schedules filed with t N/A Signature of Debtor 2 | his declaration and | |
| Date 03-23-28/7 | DateMM / DD / YYYY | | |

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| | SHIROMS | ation to ide | ntify your case: | | | | |
|----------------------------|---|------------------------------|---|--|---|-----------------------|---|
| Debtor 1 | 90400000000000000000000000000000000000 | | braham-Royster | | | | |
| | First Na | ime | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if fi | iling) First Na | | Middle Name | Last Name | | | |
| Jnited Stat | ites Bankru | ptcy Court for | the: Northern District o | f Illinois | | | |
| Case numb | ber | | | *** | | | |
| (If known) | | | | | | | Check if this is ar amended filing |
| | | | | | | | amonada niing |
|)fficia | l Forn | n 107 | | | | | |
| | | | ancial Affai | ire for Indi | /iduals Filing for | · Donlemanto | • |
| as comp | plete and n. If more | l accurate a e space is n | s possible. If two mai | rried people are filin | g together, both are equally n rm. On the top of any addition | esponsible for supply | ing correct |
| Part 1: | Give D | etails Abo | ut Your Marital St | atus and Where Y | ou Lived Before | | |
| What is | s your cu | rrent marit | al status? | | | | |
| 🗹 ма | arried | | | | | | |
| ☐ Nof | t married | | | | | | |
| ☑ No | • | | e you lived anywhere | | | | |
| ☐ Yes | • | | s you lived in the last 3 | | e where you live now. | ANGEN MAN | Dates Debtor 2 lived there |
| ☐ Yes | s. List all o | | | years. Do not include | e where you live now. | ANGERTANIAN | lived there |
| D Yes | s. List all o | of the places | | years. Do not include | Debtor 2: Same as Debtor 1 | | lived there |
| D Yes | s. List all o | | | years. Do not include Dates Debtor 1 lived there | e where you live now. Debtor 2: | AMENTALAN | lived there Same as Debtor 1 |
| D Yes | s. List all o | of the places | | years. Do not include Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 | ANGENNEAN | lived there Same as Debtor 1 From |
| D Yes | s. List all o | of the places | | years. Do not include Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street | State ZIP Code | lived there Same as Debtor 1 From |
| D Yes | s. List all debtor 1: | of the places | you lived in the last 3 | years. Do not include Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street | State ZIP Code | lived there Same as Debtor 1 From |
| D Yes | s. List all debtor 1: Number | of the places | you lived in the last 3 | years. Do not include Dates Debtor 1 lived there | Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | Same as Debtor 1 From To Same as Debtor 1 |
| D Yes | s. List all debtor 1: | of the places | you lived in the last 3 | years. Do not include Dates Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street | State ZIP Code | Same as Debtor 1 From To |
| D Yes | s. List all debtor 1: Number | of the places | you lived in the last 3 | years. Do not include Dates Debtor 1 lived there From To From | Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | Same as Debtor 1 From To Same as Debtor 1 From |
| D Yes | s. List all debtor 1: Number | of the places | you lived in the last 3 | years. Do not include Dates Debtor 1 lived there From To From | Same as Debtor 1 Number Street City Same as Debtor 1 Number Street | | Same as Debtor 1 From To Same as Debtor 1 From |
| Ves Di | s. List all of Debtor 1: Number City the last 8 and territor | Street Street | State ZIP Code State ZIP Code State ZIP Code you ever live with a si | pouse or legal equivelent, Louisiana, Nevace | Same as Debtor 1 Number Street City Number Street City City City Alent in a community propert a, New Mexico, Puerto Rico, Te | State ZIP Code | Iived there Same as Debtor 1 From To Same as Debtor 1 From To |
| Ves Di | s. List all of Debtor 1: Number City the last 8 and territor | Street Street | State ZIP Code State ZIP Code | pouse or legal equivelent, Louisiana, Nevace | Same as Debtor 1 Number Street City Number Street City City City Alent in a community propert a, New Mexico, Puerto Rico, Te | State ZIP Code | Iived there Same as Debtor 1 From To Same as Debtor 1 From To |

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Marcellina T Abraham-Royster

| Debtor 1 Marcellina T Abraham-R | Coyster Last Name | Case no | umber (# known) | |
|--|---|--|---|--|
| Did you have any income from emp Fill in the total amount of income you If you are filing a joint case and you have | received from all jobs and all b | usinesses, including part-ti | ime activities. | ndar years? |
| ☐ No ☐ Yes. Fill in the details. | | | | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year the date you filed for bankrupto | | \$2,363.76 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| For last calendar year: | Wages, commission bonuses, tips | | Wages, commissions, bonuses, tips | s |
| (January 1 to December 31,2016 YYYY | | * | Operating a business | Ψ |
| For the calendar year before that | at: Wages, commission bonuses, tips | • | Wages, commissions, bonuses, tips | |
| | | \$ 18,830.00 | Operating a business | \$ |
| Include income regardless of whether unemployment, and other public benef | that income is taxable. Examplifit payments; pensions; rental in | les of other income are alin ncome; interest; dividends; | money collected from laws: | uits; royalties; and |
| 5. Did you receive any other income de Include income regardless of whether unemployment, and other public benef gambling and lottery winnings. If you a List each source and the gross income | that income is taxable. Exampi fit payments; pensions; rental in are filing a joint case and you ha | les of other income are alin ncome; interest; dividends; ave income that you receiv | money collected from laws ed together, list it only once | uits; royalties; and |
| 5. Did you receive any other income de Include income regardless of whether unemployment, and other public benef gambling and lottery winnings. If you a List each source and the gross income | that income is taxable. Exampi fit payments; pensions; rental in are filing a joint case and you ha | les of other income are alin ncome; interest; dividends; ave income that you receiv | money collected from laws ed together, list it only once | uits; royalties; and |
| 5. Did you receive any other income de Include income regardless of whether unemployment, and other public benef gambling and lottery winnings. If you a List each source and the gross income | that income is taxable. Exampi fit payments; pensions; rental in are filing a joint case and you ha e from each source separately. | les of other income are alin ncome; interest; dividends; ave income that you receiv Do not include income that Gross income from each source (before deductions and | money collected from laws: ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | uits; royalties; and |
| 5. Did you receive any other income de Include income regardless of whether unemployment, and other public benef gambling and lottery winnings. If you a List each source and the gross income No Yes. Fill in the details. From January 1 of current year | that income is taxable. Example fit payments; pensions; rental in are filing a joint case and you have from each source separately. Debtor 1 Sources of income Describe below. | les of other income are alin ncome; interest; dividends; ave income that you receiv Do not include income that Gross income from each source (before deductions and exclusions) | money collected from laws: ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| 5. Did you receive any other income de Include income regardless of whether unemployment, and other public benef gambling and lottery winnings. If you a List each source and the gross income No Yes. Fill in the details. | that income is taxable. Example fit payments; pensions; rental in are filing a joint case and you have from each source separately. Debtor 1 Sources of income Describe below. | les of other income are alin ncome; interest; dividends; ave income that you receiv Do not include income that Gross income from each source (before deductions and exclusions) | money collected from laws: ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| 5. Did you receive any other income de Include income regardless of whether unemployment, and other public benef gambling and lottery winnings. If you a List each source and the gross income No Yes. Fill in the details. From January 1 of current year | that income is taxable. Example fit payments; pensions; rental in are filing a joint case and you have from each source separately. Debtor 1 Sources of income Describe below. | les of other income are alin ncome; interest; dividends; ave income that you receiv Do not include income that Gross income from each source (before deductions and exclusions) | money collected from laws: ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| 5. Did you receive any other income de Include income regardless of whether unemployment, and other public benef gambling and lottery winnings. If you a List each source and the gross income No Yes. Fill in the details. From January 1 of current year | that income is taxable. Example fit payments; pensions; rental in are filing a joint case and you have from each source separately. Debtor 1 Sources of income Describe below. | les of other income are alin income; interest; dividends; ave income that you receive the income the income that you receive the income the income that you receive the income that you receive the in | money collected from laws: ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) \$ |
| 5. Did you receive any other income de Include income regardless of whether unemployment, and other public benef gambling and lottery winnings. If you a List each source and the gross income No Yes. Fill in the details. From January 1 of current year the date you filed for bankrupto | that income is taxable. Example fit payments; pensions; rental in are filling a joint case and you have from each source separately. Debtor 1 Sources of income Describe below. | les of other income are alin ncome; interest; dividends; ave income that you receive the income from each source (before deductions and exclusions) \$ | money collected from laws: ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) \$ |
| 5. Did you receive any other income de Include income regardless of whether unemployment, and other public benef gambling and lottery winnings. If you a List each source and the gross income No Yes. Fill in the details. From January 1 of current year the date you filed for bankrupto | that income is taxable. Example fit payments; pensions; rental in are filling a joint case and you have from each source separately. Debtor 1 Sources of income Describe below. | les of other income are alin income; interest; dividends; ave income that you receive the income from each source (before deductions and exclusions) \$ | money collected from laws: ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) \$ |
| 5. Did you receive any other income de Include income regardless of whether unemployment, and other public benef gambling and lottery winnings. If you a List each source and the gross income No Yes. Fill in the details. From January 1 of current year the date you filed for bankrupto | that income is taxable. Example fit payments; pensions; rental in are filing a joint case and you have from each source separately. Debtor 1 Sources of income Describe below. | les of other income are alin income; interest; dividends; ave income that you receive the income from each source (before deductions and exclusions) \$ | money collected from laws: ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) \$ |

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Marcellina T Abraham-Royster Debtor 1 Case number (if known) First Name Middle Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payment Honor Finance Corp 02/01/2017 363.00 s 10,221.00 ☐ Mortgage Creditor's Name 🖪 Car 909 Davis St Number Street Credit card Loan repayment Suppliers or vendors Evanston 11 60201 Other_ State ZIP Code ☐ Mortgage Creditor's Name Car Credit card Number Street Loan repayment Suppliers or vendors Other _____ City State ZIP Code ☐ Mortgage Creditor's Name Car Credit card Number Street Loan repayment Suppliers or vendors

City

State

ZIP Code

Other_

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| ebtor 1 | Marcellina T Abraham-Royster First Name Middle Name Last Name | | *************************************** | Case number (if know | m) |
|---------|---|---|---|------------------------|--|
| corpo | in 1 year before you filed for bankruptcy, did lers include your relatives; any general partners; orations of which you are an officer, director, persit, including one for a business you operate as a as child support and alimony. | relatives of a | ny general partners | s; partnerships of whi | ich you are a general partner; |
| M N | | | | | |
| | es. List all payments to an insider. | | | | |
| | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Insider's Name | | | \$ | |
| i | Number Street | | - | | |
| | | | _ | | |
| ē | City State ZIP Code | - | | | |
| | , and 211 000e | | | | the state of the s |
| ī | Insider's Name | · | \$ | <u> </u> | |
| ĭ | Number Street | **** | - | | |
| _ | | | | | |
| _ | | | • | | |
| C | Dity State ZIP Code | | | | |
| | 1 year before you filed for bankruptcy, did you ider? Expression payments on debts guaranteed or cosigned by | | payments or tran | sfer any property o | n account of a debt that benefited |
| ☑ No | | ari maider. | | | |
| | s. List all payments that benefited an insider. | | | | |
| | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| In | isider's Name | · | \$ | \$ | |
| N | umber Street | *************************************** | | | |
| | | | | | |
| Cir | ty State ZIP Code | | | | |
| | otale ZIF code | | | | |
| Îns | sider's Name | | \$ | \$ | |
| | | | | | |
| Nu | imber Street | | | | |
| | | ~~~ | | | |
| Cit | y State ZIP Code | | | | |

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|------------|---|----------------------------|---|------------------|--|
| Debtor 1 | Marcellina T Abraham-Royste | PT Name | Case number | (if known) | |
| LISt a | in 1 year before you filed for bankrupt all such matters, including personal injury | cy, were you a party in a | ny lawsuit, court action, or | administrative p | roceeding? support or custody modificati |
| M V | contract disputes. | | | | |
| | | Nature of the case | Court or agency | NA PARENTA | Status of the case |
| ı | Case title | | Court Name | | Pending On appeal |
| | Case number | | Number Street | | Concluded |
| | | | City | State ZIP Code | The state of the s |
| | Case title | | Court Name | | Pending On appeal |
| (| Case number | | Number Street | | ☐ Concluded |
| io. Withii | n 1 year before you filed for bankrupto | CV. Was any of your prope | City | State ZIP Code | |
| ☐ No | c all that apply and fill in the details below b. Go to line 11. es. Fill in the information below. | v. | ory repossessed, foreclose | u, garmsned, att | acned, seized, or levied? |
| | | Describe the pro | | Date | Value of the property |
| | American Credit Acceptance | 2006 Chevro | let Trailblazer | 03/01/2 | 2017 \$ 1,597.00 |
| | P O Box 259407 Number Street | Explain what ha | ppened | XXX | |
| | _ | Property w | as repossessed. as foreclosed. | | |
| | Spartanburg SC 293 City State ZIP Coo | | as garnished. as attached, seized, or levied | | |

Creditor's Name

Number Street

City

Property was repossessed. Property was foreclosed. Property was garnished.

Property was attached, seized, or levied.

Describe the property

Explain what happened

ZIP Code

Value of the property

Date

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Marcellina T Abraham-Royster

Debtor 1

| counts or refuse to make a payment be | iptcy, did any creditor, including a bank or financial insti cause you owed a debt? | tution, set off any | amounts from your |
|---|--|---|-------------------|
| No | | | |
| Yes. Fill in the details. | | | |
| | Describe the action the creditor took | en e mari | a vite a makina |
| | Substitute action the creditor (DDK | Date action was taken | Amount |
| Creditor's Name | | Triple of property of | |
| Number Street | <u>.</u> | | \$ |
| | | | - |
| | _ | | |
| City State ZIP Code | en en 1900 et al estado en 1900 en 190 Maria de la companya de la companya en 1900 en | | |
| City State ZIP Code | Last 4 digits of account number: XXXX | | |
| in 2 years before you filed for bankrup | tcy, did you give any gifts with a total value of more than | \$600 per person | ? |
| No Yes. Fill in the details for each gift. | tcy, did you give any gifts with a total value of more than | \$600 per person? | ? |
| No | tcy, did you give any gifts with a total value of more than Describe the gifts | \$600 per person? Dates you gave the gifts | TAME CARAGO |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | Dates you gave | TAME CARAGO |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | Dates you gave | TAME CARAGO |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | Dates you gave | TAME CARA |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | TAME CARA |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | TAME SALES |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | TAME CARAGO |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street State ZIP Code | | Dates you gave | TAME CARA |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street State ZIP Code | | Dates you gave the gifts | TAME CARAGO |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street Street Person's relationship to you Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave the gifts | \$s |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street Street Person's relationship to you Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave the gifts | \$s |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift State ZIP Code Person's relationship to you Sifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \$s |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift State ZiP Code Person's relationship to you Sifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \$s |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street Dity State ZIP Code Person's relationship to you Sifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift State ZiP Code Person's relationship to you Sifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \$s |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | Describe the gifts | Dates you gave the gifts | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | Dates you gave the gifts | \$ |

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| 1 Marcellina T Abraham-Roys First Name Middle Name | Case number (if know | va) | *************************************** |
|--|--|--|---|
| lithin 2 years before you filed for bank | ruptcy, did you give any gifts or contributions with a total v | alug of mare than t | '600 As annuals '1 o |
| NoYes. Fill in the details for each gift or or | | aide of more than \$ | ooo to any cnarity? |
| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
| Charity's Name | | · · · · · · · · · · · · · · · · · · · | \$ |
| | | | \$ |
| Number Street | · · | | |
| City State ZIP Code | _ | | |
| 6: List Certain Losses | | | |
| No Yes. Fill in the details. | An gold Color of the testing of the | | |
| No Yes. Fill in the details. | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Describe the property you lost and | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance | | |
| No Yes. Fill in the details. Describe the property you lost and how the loss occurred List Certain Payments or Traithin 1 year before you filed for bankrupt consulted about seeking bankruptcy | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters Otcy, did you or anyone else acting on your behalf pay or training a bankruptcy petition? | loss | s. |
| No Yes. Fill in the details. Describe the property you lost and how the loss occurred List Certain Payments or Traithin 1 year before you filed for bankrupt consulted about seeking bankruptcy | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters Otcy, did you or anyone else acting on your behalf pay or training the second se | loss | s. |
| Yes. Fill in the details. Describe the property you lost and how the loss occurred List Certain Payments or Training 1 year before you filed for bankrupt consulted about seeking bankruptcy ude any attorneys, bankruptcy petition property of the property | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters Otcy, did you or anyone else acting on your behalf pay or training a bankruptcy petition? | ansfer any property | \$to anyone |
| Yes. Fill in the details. Describe the property you lost and how the loss occurred List Certain Payments or Training 1 year before you filed for bankrupt consulted about seeking bankruptcy ude any attorneys, bankruptcy petition property. Fill in the details. Robert J Semrad | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters Dicty, did you or anyone else acting on your behalf pay or training a bankruptcy petition? Teparers, or credit counseling agencies for services required in the description and value of any property transferred. | ansfer any property your bankruptcy. Date payment or transfer was | \$to anyone |
| Yes. Fill in the details. Describe the property you lost and how the loss occurred List Certain Payments or Training to consulted about seeking bankruptcy and any attorneys, bankruptcy petition property. Fill in the details. Robert J Semrad Person Who Was Paid | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters Dicty, did you or anyone else acting on your behalf pay or training a bankruptcy petition? Teparers, or credit counseling agencies for services required in the description and value of any property transferred. | ansfer any property your bankruptcy. Date payment or transfer was | \$ |
| Pescribe the property you lost and how the loss occurred List Certain Payments or Trainin 1 year before you filed for bankrupt consulted about seeking bankruptcy ude any attorneys, bankruptcy petition property. No Yes. Fill in the details. Robert J Semrad Person Who Was Paid | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters Dicty, did you or anyone else acting on your behalf pay or training a bankruptcy petition? Teparers, or credit counseling agencies for services required in the description and value of any property transferred. | ansfer any property your bankruptcy. Date payment or transfer was | \$to anyone |

Debtor 1

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| | First Name Mid | idle Name Last N | Case number (if known) | |
|--|--|--|--|---|
| | e del del el fermino de la productiva del conforme que l'escribit de moderni con principant e si que | The Total contract the Contract to the Contrac | | |
| | | | | ate payment or Amount of ansfer was made payment |
| Ē | erson Who Was Paid | | • | |
| N | lumber Street | *************************************** | | <u> </u> |
| _ | | *************************************** | . - | <u> </u> |
| 7 | ity | City | | |
| Ů, | , | State ZIP Code | | |
| Er | mail or website address | | | |
| Pe | erson Who Made the Payr | ment, if Not You | | |
| • (°4) · · · | | | | |
| romis | sed to help you de: | nied for bankruptc | y, did you or anyone else acting on your behalf pay or transfel rs or to make payments to your creditors? | r any property to anyone who |
|)o not | include any payme | ent or transfer that you | ulisted on line 16. | |
| I No | | | | |
| _ | s. Fill in the details. | | | |
| | | | Description and value of any property transferred Da | te payment or Amount of payr |
| | | | | nsfer was |
| Pe | erson Who Was Paid | | | |
| Nu | ımber Street | | · ———————————————————————————————————— | <u> </u> |
| | | The second secon | | |
| | | | | _ |
| Cit Vithin | | State ZIP Code | V. did you sell trade or otherwise transfer any annual to | \$ |
| Vithin ransfenctude Do not i | 2 years before you rred in the ordinar both outright transfi include gifts and transfi | u filed for bankrupto ry course of your bu fers and transfers ma | ry, did you sell, trade, or otherwise transfer any property to an siness or financial affairs? de as security (such as the granting of a security interest or mortgal already listed on this statement. | |
| Vithin ransfenctude Do not i | 2 years before you rred in the ordinar both outright transf | u filed for bankrupto ry course of your bu fers and transfers ma | isiness or financial affairs? de as security (such as the granting of a security interest or mortgal already listed on this statement. | age on your property). |
| Vithin ransfence of the colude of the colude of the column | 2 years before you rred in the ordinar both outright transfi include gifts and transfi | u filed for bankruptory course of your bufers and transfers mainsfers that you have | istness or financial affairs? de as security (such as the granting of a security interest or mortgal already listed on this statement. | age on your property). |
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| Vithin ransfe nclude Do not i No Yes | 2 years before you rred in the ordinar both outright transfeinclude gifts and trainclude gift | u filed for bankruptory course of your bufers and transfers mainsfers that you have | de as security (such as the granting of a security interest or mortgal already listed on this statement. Description and value of property Describe any property or pay transferred Or debts paid in exchange | age on your property). yments received Date transfer |
| Pers | 2 years before you rred in the ordinar both outright transfeinclude gifts and trainclude gift | u filed for bankruptory course of your bufers and transfers mainsfers that you have | de as security (such as the granting of a security interest or mortgal already listed on this statement. Description and value of property Describe any property or pay transferred Or debts paid in exchange | age on your property). yments received Date transfer |
| Pers | 2 years before you rred in the ordinar both outright transfeinclude gifts and trainclude gift | u filed for bankruptory course of your bufers and transfers mainsfers that you have | de as security (such as the granting of a security interest or mortgal already listed on this statement. Description and value of property Describe any property or pay transferred Or debts paid in exchange | age on your property). yments received Date transfer |

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| ebtor 1 | Marcellina First Name | T Abraham | -Royster | Case number (if known) |
|--|---|---|--|---|
| | | | | |
| . With | in 10 years befo a beneficiary? (| ore you filed for These are often | or bankruptcy, did n called asset-prote | you transfer any property to a self-settled trust or similar device of which you |
| M | | | | , |
| | | | Descrip | otion and value of the property transferred Date transfer |
| | | | | was made |
| N | lame of trust | *************************************** | | |
| | | | | |
| en e | er norm systycage as tomas (for all system and property | | 1 | |
| rt 8: | List Certain | Financial A | ccounts, Instru | ments, Safe Deposit Boxes, and Storage Units |
| Withi | in 1 year before | you filed for I | oankruptcy, were a | any financial accounts or instruments held in your name, or for your benefit, |
| CIUSE | ru, sviu, irioveu | , or transterre | a? | |
| broke | de checking, sa erage houses, p | ivings, money ension funds | market, or other f | financial accounts; certificates of deposit; shares in banks, credit unions, sociations, and other financial institutions. |
| Ø N | 0 | | , overporatives, asc | ociations, and other infancial institutions. |
| \ Y | es. Fill in the de | tails. | | |
| | | | | figits of account number Type of account or Date account was Last halance before |
| | | | | instrument closed, sold, moved, closing or transfer or transfered |
| ī | Name of Financial Ins | stitution | XXXX- | |
| ī | lumber Street | *************************************** | *************************************** | Savings |
| • | | | | Money market |
| ō | City | State ZiP | Code | ☐ Brokerage ☐ Other |
| | | | | |
| Ñ | lame of Financial Ins | titution | XXXX- | |
| N | umber Street | | | ☐ Savings ☐ Money market |
| _ | | | | Brokerage |
| ~ | ity | CALL TIP | | Other |
| | | | Code | |
| Jo yo: | u now have, or ties, cash, or of | did you have v | within 1 year befor | e you filed for bankruptcy, any safe deposit box or other depository for |
| No No | | aici valuables | • | |
| Ye | s. Fill in the det | ails. | | |
| | | | Who else | e had access to it? Describe the contents Do you still have it? |
| _ | | | | : 🔲 No |
| Na | ame of Financial Inst | itution | Name | ☐ Yes |
| Nu | ımber Street | | Number S | Street |
| _ | | | | |
| Cit | | State ZIP (| City | State ZIP Code |

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| Debtor 1 | Marcellina T Abraham-Roys First Name Middle Name | ster Last Name | Case number (# known) | |
|------------------------|--|---|---|--|
| 22. Hav | e you stored property in a storage ur No | nit or place other than your home within 1 | year before you filed for bankruptcy? | |
| | Yes. Fill in the details. | | | |
| | | Who else has or had access to it? | Describe the contents Do you still have it? | |
| | Name of Storage Facility | Name | No | |
| | | | □ Yes | |
| | Number Street | Number Street | | |
| | | City State ZIP Code | | |
| | City State ZIP Code | • | | |
| Part 9 | Identify Property You Hold | l or Control for Someone Else | | |
| OI I | iola ili trust for someone. | someone else owns? Include any prope | rty you borrowed from, are storing for, | |
| Ø | No Yes. Fill in the details. | | | |
| _ | res. Fill the details. | Where is the property? | Describe the property Value | |
| | | | Describe the property (1992) A 1993 (1992) Value (1992) | |
| | Owner's Name | - | \$ | |
| | Number Street | Number Street | | |
| | | | | |
| Norma Anni Billioni co | City State ZIP Code | . City State ZiP Code | | |
| Part 1 | O: Give Details About Environ | mental Information | | |
| or the | purpose of Part 10, the following def | initions apply: | | |
| **** | ardous or toxic substances, wastes, (| ate, or local statute or regulation concerr or material into the air, land, soil, surface ing the cleanup of these substances, wa | ning pollution, contamination, releases of water, groundwater, or other medium, stes. or material | |
| Site | | erty as defined under any environmental l | | |
| Haza | ardous material means anything an e | nvironmental law defines as a hazardous | waste, hazardous substance, toxic | |
| | stance, hazardous material, pollutant | , contaminant, or similar term. s that you know about, regardless of whe | | |
| | | | | |
| | | at you may be liable or potentially liable | under or in violation of an environmental law? | |
| | lo ′es. Fill in the details. | | | |
| | | Governmental unit Envir | onmental law, if you know it Date of notice | |
| N | ame of site | Governmental unit | · | |
| *** | | | | |
| N | umber Street | Number Street | | |
| ~~ | | City State ZIP Code | | |
| c | ity State ZIP Code | | | |

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| | er (if known) | |
|--|---|--|
| Last Name | , | ************************************** |
| it of any values of the state o | | |
| int of any release of nazardous material? | | |
| | | |
| Governmental unit Environmental I | aw if you know it | ٠ <u>٠</u> |
| Salvi Villandi a | w, ii you kilow it | Date of notice |
| | | |
| Governmental unit | | |
| Number Street | en e | .1 |
| | | |
| City State ZIP Code | | |
| Management of the Control of the Con | | |
| administrative proceeding under one ancies and a | 5 61 | |
| and any environmental | aw / include settlements and o | orders. |
| | | |
| Court or agency Nature of the | a rasa | Status of the |
| | | case |
| Court Name | | Pending |
| | | On appeal |
| Number Street | | Concluded |
| · · | | |
| City State ZiP Code | | |
| | | |
| d in a trade, profession, or other activity, either full-ti mpany (LLC) or limited liability partnership (LLP) | owing connections to any bus me or part-time | iness? |
| | | |
| | | |
| | | |
| | | |
| Describe the nature of the business | | |
| | Do not include Social Security no | imber or ITIN. |
| otrania. | EIN: | |
| Name of accountant or bookkeeper | Dates husiness evicted | e ne kalasara sa sajih |
| | STOO DESILIESS CYISIER | * . |
| | From To | w |
| | | |
| Describe the nature of the huniness | ting the state of | t jag tigjanjane |
| Describe the nature of the business | Employer Identification number | |
| | Do not include Social Security nu | |
| | Do not include Social Security nu | |
| | Do not include Social Security nu | |
| | Do not include Social Security nu | |
| | Governmental unit Governmental unit Governmental unit Number Street City State ZIP Code Court or agency Nature of the Court Name Number Street City State ZIP Code Susiness or Connections to Any Business ruptcy, did you own a business or have any of the foll of in a trade, profession, or other activity, either full-timpany (LLC) or limited liability partnership (LLP) executive of a corporation ting or equity securities of a corporation in Part 12. Fill in the details below for each business. Describe the nature of the business | Covernmental unit Governmental unit Governmental unit Number Street City State ZIP Code Court or agency Nature of the case Court Name Number Street City State ZIP Code State ZIP Code City State ZIP Code Court Name Number Street City State ZIP Code City State ZIP Code Resiness or Connections to Any Business ruptcy, did you own a business or have any of the following connections to any bus in a trade, profession, or other activity, either full-time or part-time in a trade, profession, or other activity, either full-time or part-time in a trade, profession, or other activity, either full-time or part-time in a trade, profession or other activity, either full-time or part-time in a trade, profession or other activity, either full-time or part-time in a trade, profession or other activity, either full-time or part-time in a trade, profession or other activity, either full-time or part-time in a trade, profession or other activity, either full-time or part-time in a trade, profession or other activity, either full-time or part-time in a trade, profession or other activity, either full-time or part-time in a trade, profession or other activity, either full-time or part-time in a trade, profession or other activity, either full-time or part-time in a trade, profession or other activity in a trade, profession or other a |

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| | | Describe the nature of the business | Employer Identification number |
|---|---|---|---|
| Business Name | | | Do not include Social Security number or ITIN |
| woomen's Halife | | | EIN: |
| Number Street | | Name of accountant or bookkeeper | |
| WAR-1 | | | Dates business existed |
| | | | From To |
| City | State ZIP Code | - · | FromTo |
| | | | |
| No . | s, or other parties. | ptcy, did you give a financial statement to anyone ab | out your business? Include all financial |
| Yes. Fill in the det | ails below. | The City was a stop only of | |
| | | Date issued | |
| | | | |
| Name | | MM / DD / YYYY | |
| Number Street | | | |
| | | | |
| *************************************** | | | |
| City | State ZIP Code | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 129 Sign Below | | | |
| nave read the answers are true and connection with a to U.S.C. §§ 152, 1341 | bankruptcy case can 1, 1519, and 3571. I Ukraham- | t of Financial Affairs and any attachments, and I dece that making a false statement, concealing property result in fines up to \$250,000, or imprisonment for the last of the state of the | |
| ave read the answe swers are true and connection with a t | bankruptcy case can 1, 1519, and 3571. I Ukraham- | result in fines up to \$250,000, or imprisonment for t | |
| ave read the answers are true and connection with a tu.S.C. §§ 152, 1341 | bankruptcy case can 1, 1519, and 3571. Julyahaman | result in fines up to \$250,000, or imprisonment for use the superior of Debtor 2 | |
| nave read the answers are true and connection with a to U.S.C. §§ 152, 1341 **Lacellus Signature of Debtor 1 | bankruptcy case can 1, 1519, and 3571. J. Whiaham- 1 | result in fines up to \$250,000, or imprisonment for use the superior of Debtor 2 | r, or obtaining money or property by fraud up to 20 years, or both. |
| nave read the answers are true and connection with a to U.S.C. §§ 152, 1341 **Lacellus** Signature of Debtor 1 Date 03-23-2 d you attach addition | bankruptcy case can 1, 1519, and 3571. J. Whiaham- 1 | result in fines up to \$250,000, or imprisonment for use the superior of Debtor 2 | r, or obtaining money or property by fraud up to 20 years, or both. |
| nave read the answers are true and connection with a to U.S.C. §§ 152, 1341 Ascellus Signature of Debtor 1 Date 03-23-2 d you attach additio | bankruptcy case can 1, 1519, and 3571. J. Whiaham- 1 | result in fines up to \$250,000, or imprisonment for use the superior of Debtor 2 | r, or obtaining money or property by fraud up to 20 years, or both. |
| nave read the answers are true and connection with a to U.S.C. §§ 152, 1341 **Levellus Signature of Debtor 1 Date 03-23-2 d you attach addition | bankruptcy case can 1, 1519, and 3571. J. Whiaham- 1 | result in fines up to \$250,000, or imprisonment for use the superior of Debtor 2 | r, or obtaining money or property by fraud up to 20 years, or both. |
| nave read the answers are true and connection with a last U.S.C. §§ 152, 1341 **Levellus** Signature of Debtor 1 Date 03-23-2 d you attach addition No Yes | bankruptcy case can 1, 1519, and 3571. Julyana Jun- 1 2017 phal pages to Your St | result in fines up to \$250,000, or imprisonment for useful in fines up to \$250,000 and imprisonment for useful in \$250,000 and impriso | r, or obtaining money or property by fraud up to 20 years, or both. |
| nave read the answers are true and connection with a table. S.C. § 152, 1341 Levellus Signature of Debtor 1 Date 03-23-2 d you attach addition No Yes It you pay or agree to No | bankruptcy case can 1, 1519, and 3571. | result in fines up to \$250,000, or imprisonment for use the superior of Debtor 2 | r, or obtaining money or property by fraud up to 20 years, or both. |